

Name
in
Full

Elizabeth Anders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

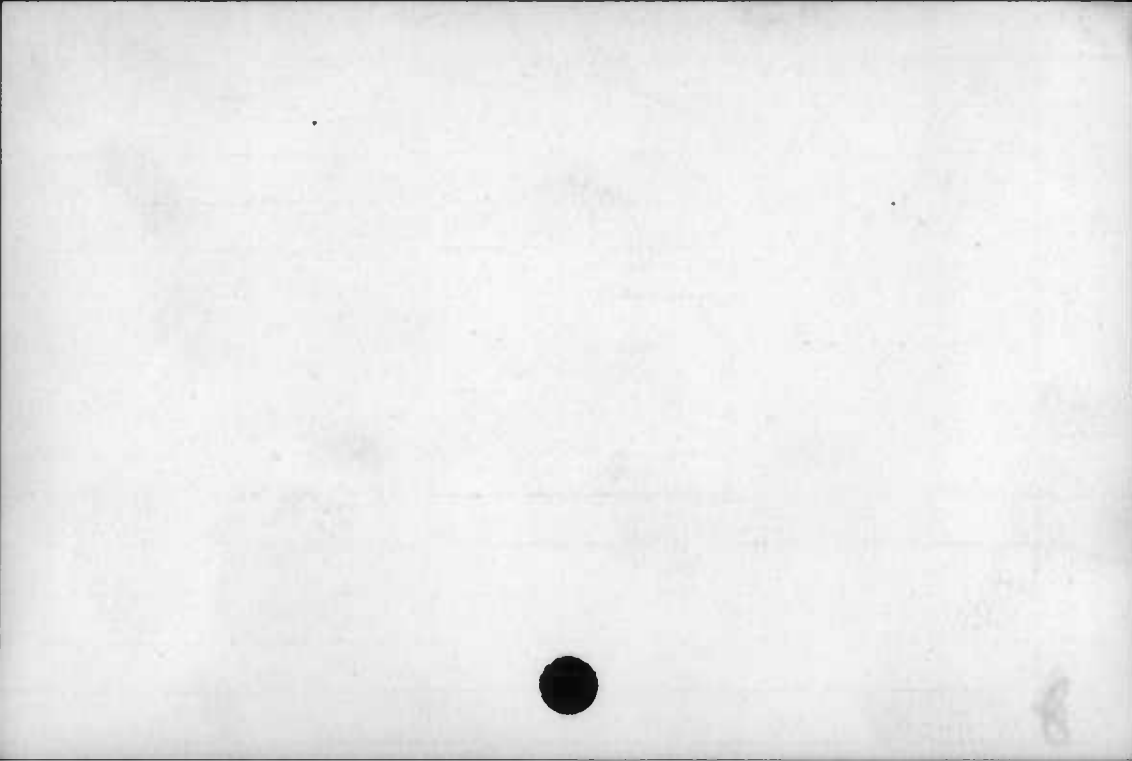
Died at		Town Union Bridge		County Carroll.		MARYLAND	
Date of death	1908	Month Nov.	Day 10	Age	Years 74	Months	Days
Sex	Female		Color or Race	White		Birth- place	
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband Jesse Anders				
Father's Name	Israel Norris				Father's Birthplace	Md	
Mother's Maiden Name	unknown -				Mother's Birthplace	unknown	
Name of person giving In formation	Cleveland Anders				How related to deceased	son	

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Gastro-enteritis acute	How long	5 days -
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician James Watt	
		Address Union Bridge Md -	
Accident or Suicide?			



Name
in
Full

Ella Barnes

No. 414
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gamber</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>19</i>	Age	Months	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Gamber</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Amos Barnes</i>			Father's Birthplace <i>Winfield</i>		
Mother's Maiden Name <i>Ida M Stricker</i>			Mother's Birthplace <i>Winfield H.</i>		
Name of person giving information <i>Mary L Stricker</i>			How related to deceased <i>Grandmother</i>		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. H. Wells</i>
	Address <i>Gamber</i>
Accident or Suicide?	<i>Mid</i>

Shaner

Gambler

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at <i>Porters</i> Town		<i>Carroll</i> County			
Date of death	<i>1908</i>	Month <i>11</i>	Day <i>16</i>	Age <i>66</i>	Months <i>9</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Fredrick Co., Md.</i>	
Occupation <i>House work</i>		Where Residing if not at place of death <i>Porters, Md.</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Thos. Bellison (deceased)</i>			
Father's Name <i>David Wolfe.</i>		Father's Birthplace <i>Dach Co. Md.</i>			
Mother's Maiden Name <i>Mary Boone</i>		Mother's Birthplace <i>Fred. Co. Md.</i>			
Name of person giving information <i>William Smith</i>		How related to deceased <i>Son.</i>			

CAUSES OF DEATH

40

Primary <i>Carcinoma of liver</i>	How long <i>2 yrs</i>
Immediate <i>"</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes,</i>	Signature of Physician <i>E D Crank</i>
	Address <i>Winfield Md.</i>
Accident or Suicide?	

Heckman

No. 413
CERTIFICATE OF DEATH

Died at Tannery		County Carroll		State MARYLAND	
Date of death	1908	Month Nov.	Day 18	Age 5	Years 2 Months 12 Days
Sex Female	Color or Race White		Birth-place Tannery, Md.		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed Single	Name of Wife or Husband X				
Father's Name John E. Berwager	Father's Birthplace Carroll Co., Md.				
Mother's Maiden Name Sabina Sherman	Mother's Birthplace Harrisburg, Pa.				
Name of person giving information John S. Berwager	How related to deceased Father				

CAUSES OF DEATH

Primary	Diphtheria	How long	3 weeks
Immediate	Uremia & cardiac failure	How long	One week.
Are the name, age, sex, color, date and place correctly given above?	Yes!	Signature of Physician	Harry Fessler Baer
		Address	Tannery, Carroll Co., Md.
Accident or Suicide?			

Sharon

Gustav

Name
in
Full

418

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1908	Month <i>Nov.</i>	Day <i>30</i>	Age	Years —	Months —	Days <i>2 hrs</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth- place	<i>md</i>
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband —				
Father's Name	<i>William Black</i>				Father's Birthplace	<i>Carroll Co. Md.</i>	
Mother's Maiden Name	<i>Lellie M. Irwin</i>				Mother's Birthplace	<i>Baltimore, Md.</i>	
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	<i>difficult delivery</i>	How long	<i>Several hrs</i>
Immediate	<i>Cephalic Injuries</i>	How long	<i>2 hrs.</i>
Are the name, age, sex, color, etc. and place correctly given above?	<i>yes</i>	Signature of Physician	<i>L. K. Woodward</i>
		Address	<i>Chas. R. Foutz, Westminster Md.</i>
Accident or Suicide?	—		

Wendell Everett
Storer

Name
in
Full

Henrietta Boxall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Springfield Hospital - Carroll* Town *Carroll* County *MARYLAND*

Date of death *1908* Month *November* Day *19th* Age *69* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ind.*

Occupation *House keeper* Where Residing If not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Unknown*

Father's Name *Jacob Merrick* Father's Birthplace *Ind.*

Mother's Maiden Name *Catherine Smith* Mother's Birthplace *Ind.*

Name of person giving Information *Hospital records* How related to deceased *none*

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

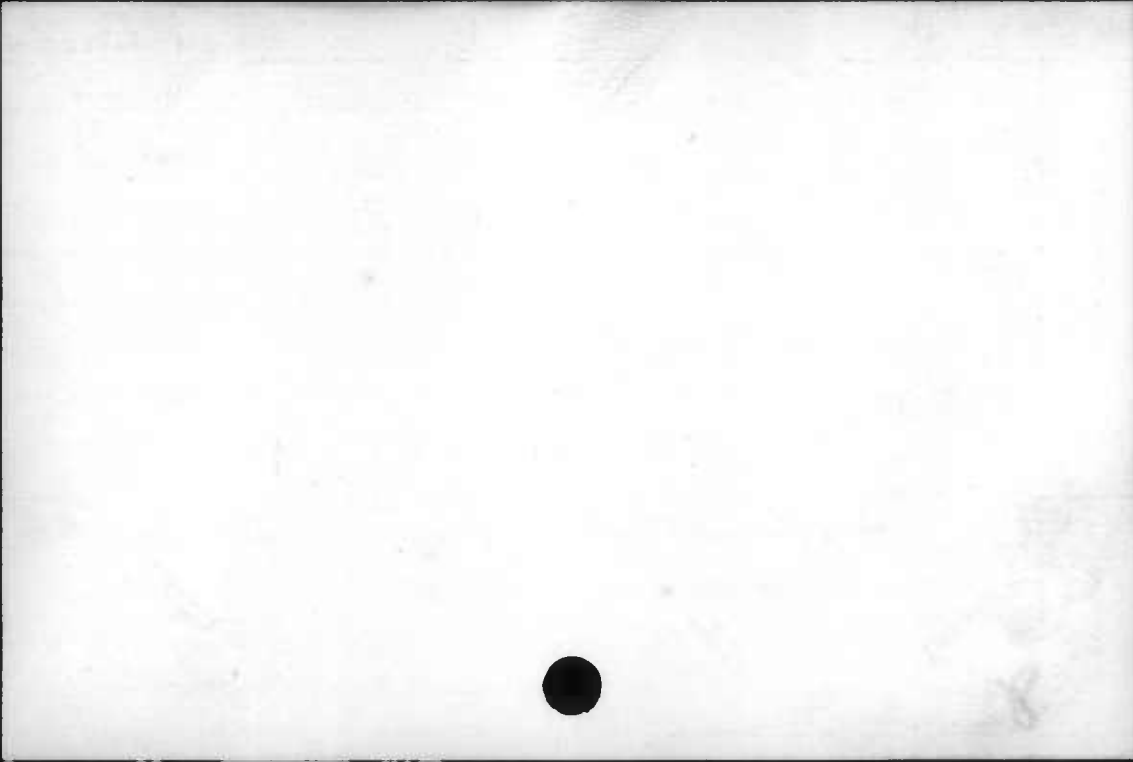
Primary *Intestinal Carcinoma* How long *?*

Immediate *Cachexia and Exhaustion* How long *3 weeks.*

Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *W. Henry Fisher, M.D.*

Address *Sykesville Ind.*

Accident or Suicide *No.*



Name
in
Full

Nathan David Byers,

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Taylorsville^{County} Carroll

Date of death 1908 Month 11 Day 17 Age 15 Years Months 3 Days

Sex Male Color or Race White Birth-place Taylorsville, Md.

Occupation Laborer Where Residing if not at place of death Taylorsville, Md.

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Thomas J. Byers Father's Birthplace Carroll Co., Md.

Mother's Maiden Name Rosa E. Franklin. Mother's Birthplace Carroll Co., Md.

Name of person giving information Thomas J. Byers How related to deceased Father.

CAUSES OF DEATH

166

Primary Gun shot wound, Accidents

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

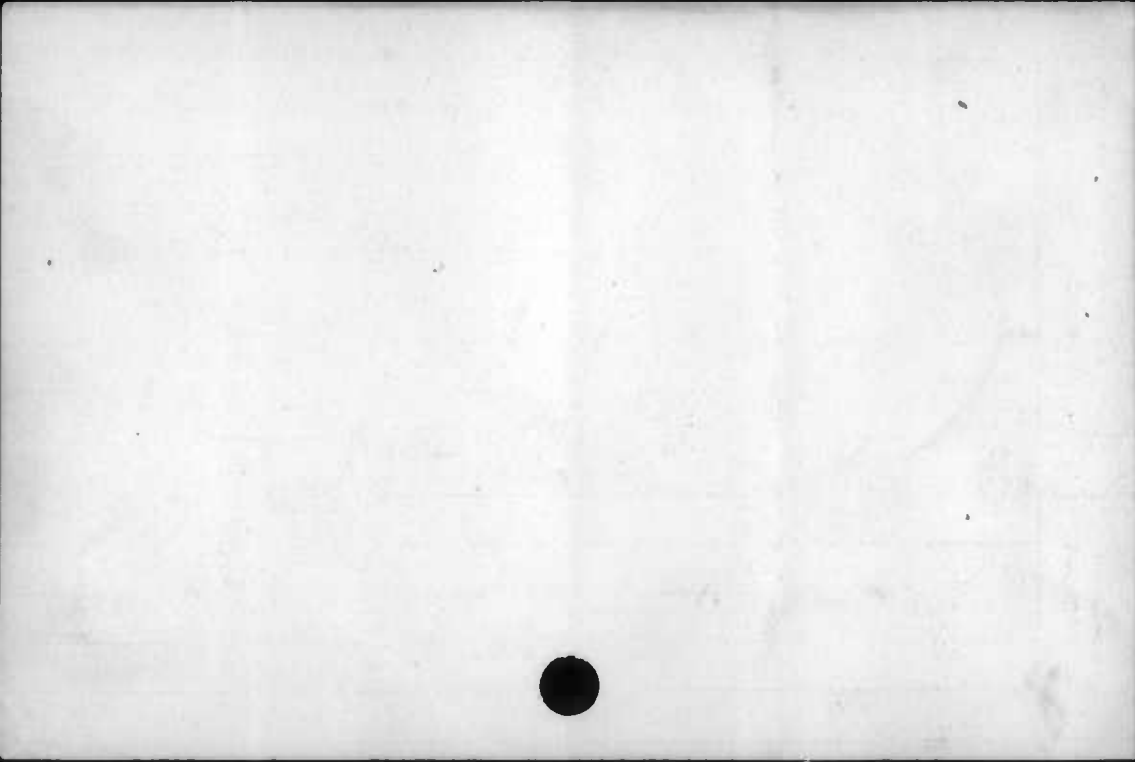
Address

Finley L. Lewis
Borow
Mt-Airy, Md.

Accident or Suicide?

accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Clara A. Clary

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sykesville Town Carroll County MARYLAND

Date of death 1908 Month Nov. Day 28th Age 38 Years Months Days

Sex Female Color or Race White Birth-place Md.

Occupation None Where Residing if not at place of death -

Married, Single or Widowed Widow Name of ~~Wife~~ or Husband Morgan S. Clary

Father's Name John Valentine Horn Father's Birthplace Md

Mother's Maiden Name Hannah Elizabeth Miller Mother's Birthplace Md

Name of person giving Information Ada V. Horn How related to deceased Sister

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Melancholia How long 4 years

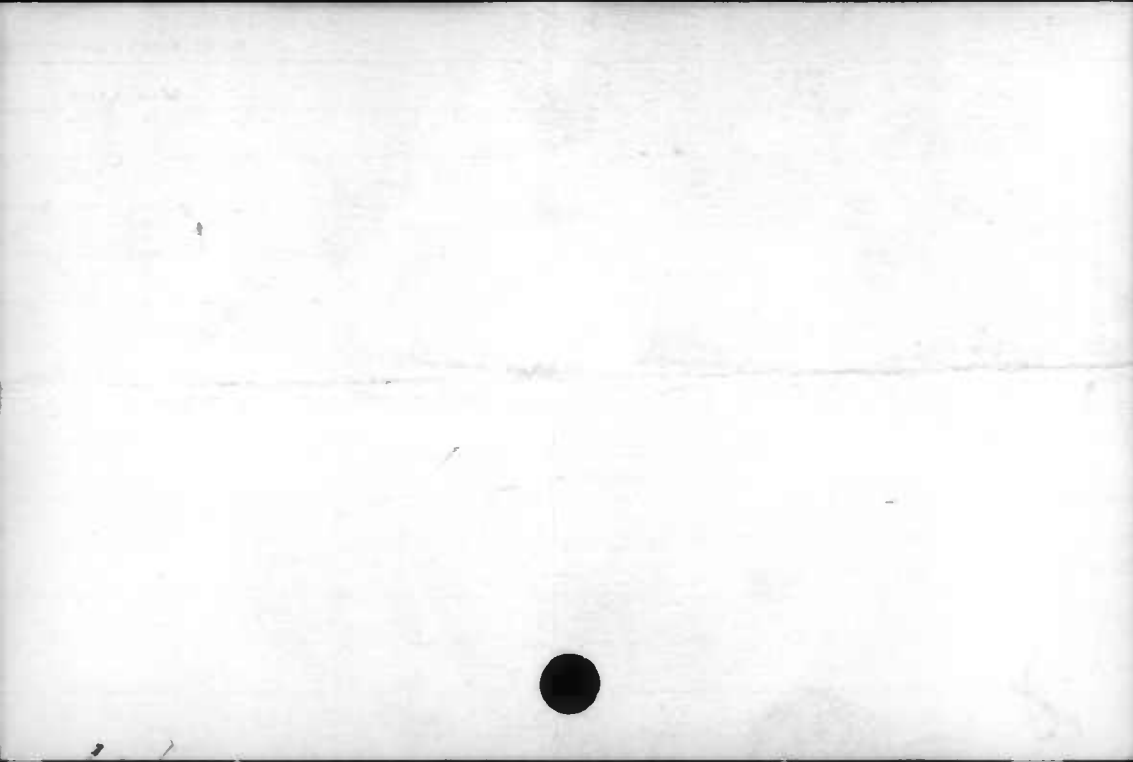
Immediate Exhaustion from Acute Gastritis How long 3 weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John Norfolk Morris, M.D.

Address Springfield Hospital
Sykesville, Carroll Co. Md.

Accident or Suicide -



Name
in
Full

Henry C. Cover

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Uniontown</i> ^{Town}		<i>Carroll Co</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Nov</i>	Day <i>23</i>	Age <i>62</i> Years	<i>5</i> Months <i>5</i> Days
Sex <i>Male</i>	Color or Race <i>American, white,</i>		Birth-place <i>Uniontown Ind.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary E. Cover,</i>				
Father's Name <i>Tobias Cover,</i>	Father's Birthplace <i>Bruceville, Ind.</i>				
Mother's Maiden Name <i>Elizabeth Dutrow</i>	Mother's Birthplace <i>Fred Co. Ind.</i>				
Name of person giving information <i>A. S. Cover</i>	How related to deceased <i>Son,</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage.</i>	How long <i>4 days</i>
Immediate <i>Paralysis.</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Legg.</i>
	Address <i>Union Bridge Ind.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Daley Not named Still born

20.415
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small> <u>Nov.</u> <small>Day</small> <u>20</u>		Age <u> </u> <small>Years</small>		<u> </u> <small>Months</small> <u> </u> <small>Days</small>	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Md.</u>	
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Maid <u>single</u> <small>Single or Widowed</small>		Name of Wife or Husband <u> </u>			
Father's Name <u>John W. Daley</u>		Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Florence C. Wingling</u>		Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>John W. Daley</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>unknown</u>	How long	<u> </u>
Immediate	<u>Prematurity -</u>	How long	<u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Chas. R. Fouts</u>
		Address	<u>Westminster</u>
Accident or Suicide?	<u> </u>		<u>Md.</u>

John Dady Garden
Stoner

Name
in
Full

Alvina V. Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

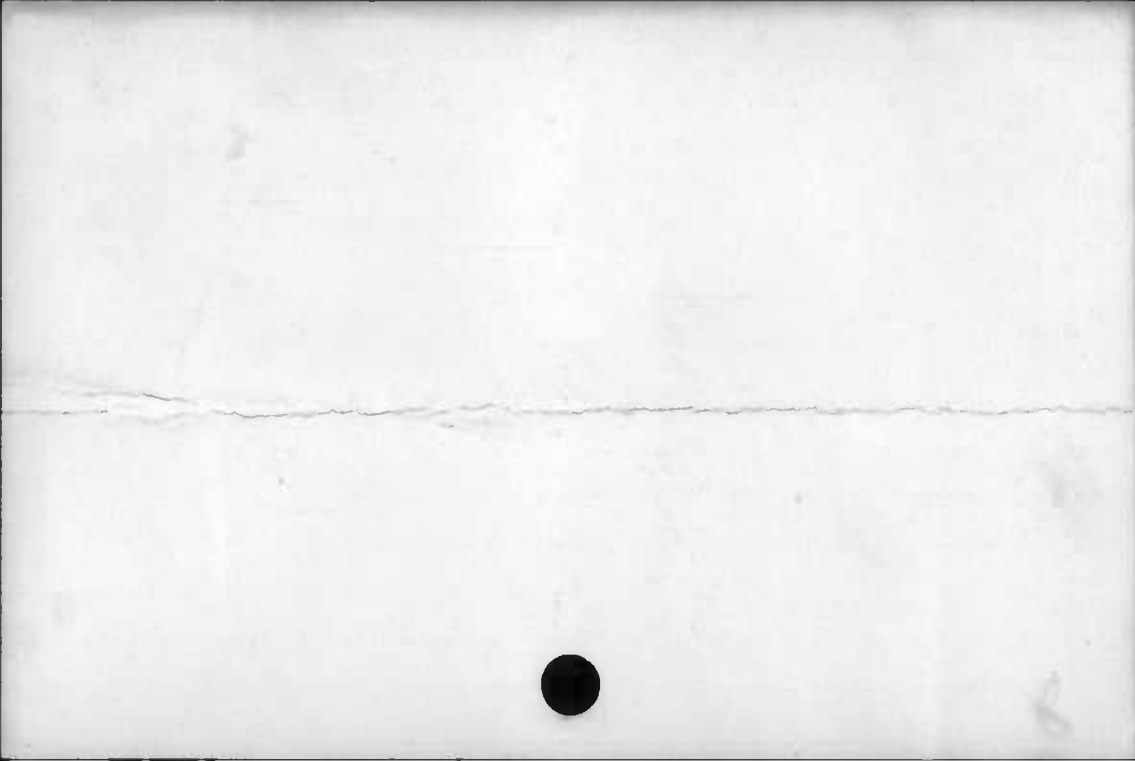
Died at <i>Eldersburg</i>		Town		<i>Carroll</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Nov.</i>	Day	<i>12</i>	Age	<i>22</i>	Months	<i>4</i>
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Md.</i>		
Occupation	<i>Domestic</i>			Where Residing if not at place of death			<i>same</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>						
Father's Name	<i>John Dorsey</i>					Father's Birthplace	<i>Md.</i>		
Mother's Maiden Name	<i>Rachel Gibbons</i>					Mother's Birthplace	<i>Md.</i>		
Name of person giving information	<i>John Dorsey</i>					How related to deceased	<i>Father</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>4 mos.</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>M D Morris</i>	
			Address <i>Eldersburg</i>	
Accident or Suicide?		<i>no</i>		



Name
in
Full

Johnsey S. Elder

416
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westminster		County Carroll		MARYLAND	
Date of death	1908	Month Nov	Day 24	Age 55	Years	Months 4	Days 3
Sex	Male		Color or Race	White		Birth- place	Maryland
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Elder				Father's Birthplace	Maryland	
Mother's Maiden Name	Rebecca Selby				Mother's Birthplace	Maryland	
Name of person giving In formation	Amos Hamilton				How related to deceased	Brother-in-Law	

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	Rheumatism	How long	don't know
Immediate	Endocarditis	How long	10 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. M. Sullivan	
Address		Westminster Md	
Accident or Suicide?			

Slower
Freedom

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Elgin</i>		Town <i>Mt. Airy</i>		County <i>Carroll</i>		MARYLAND	
Died <i>near</i>		Month <i>11</i>		Day <i>19</i>		Age <i>7 1/2</i>	
Date of death <i>1908</i>		Month <i>11</i>		Day <i>19</i>		Age <i>7 1/2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months <i>2</i> Days <i>25</i>	
Occupation <i>Shoemaker</i>		Where Residing if not at place of death <i>near Mt. Airy, Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anna Dora Elgin</i>					
Father's Name <i>Leonard Paul Elgin</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Eliza Heston</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Barah M. Byrmaster</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Infirmities of age</i>		How long <i>2 or 3 months</i>	
Immediate <i>Nephritis</i>		How long <i>About one week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. P. Sappington</i>	
Address <i>Unionville Maryland</i>			
Accident or Suicide? <i>8</i>			

Bethany



Name in Full		Lotta M. Fowler				CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Longville		^{County} Carroll		MARYLAND								
		Date of death	1908	Month	Nov	Day	12	Age	31	Years	7	Months	29	Days
		Sex	Female		Color or Race	White		Birth-place	Ind					
		Occupation	Housewife		Where Residing if not at place of death									
		Married, Single or Widowed	Married		Name of Wife or Husband		George L. Fowler							
		Father's Name	Joseph Beaver		Father's Birthplace		Ind							
		Mother's Maiden Name	Elizabeth Blingan		Mother's Birthplace		Ind							
		Name of person giving information		Geo L. Fowler		How related to deceased		Husband						
CAUSES OF DEATH								66						
PHYSICIAN OR CORONER		Primary		Organic Heart Trouble -		How long		3 years -						
		Immediate		Hemiplegia		How long		3 days -						
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Chandler W. Bennett, M.D.						
						Address		Paneytown Md.						
		Accident or Suicide?												



Name
in
Full

Florence Hahn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lykesville Town Carroll County **MARYLAND**

Date of death 1908 Month November Day 23rd Age 41 (?) Years Months Days

Sex Female Color or Race White Birth-place Md.

Occupation Housewife Where Residing if not at place of death -

Married, Single or ~~Widowed~~ Married Name of ~~Wife~~ or Husband William Hahn

Father's Name Adam Mc Crea Father's Birthplace Md.

Mother's Maiden Name Elizabeth Brewer Mother's Birthplace Md.

Name of person giving Information William Hahn How related to deceased Husband

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary Facial Erysipelas How long 3 days

Immediate Exhaustion from Toxemia How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Norfolk Morris M.D.,
Springfield State Hospital,
Lykesville, Carroll Co. Md.,

Accident or Suicide -



Name
in
Full

George W. Ham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Mt Airy^{County} CarrollDate
of death 1908Month
NovDay
30Age
68

Months

Days

Sex

male

Color or
Race

white American

Birth-
place

Carroll Co.

Occupation

Retired Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Catharine Ham

Father's
Name

Allen Ham

Father's
Birthplace

Unknown

Mother's
Maiden Name

Ruth Spurrins

Mother's
Birthplace

Unknown

Name of person giving
In formation

Catharine Ham

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Cerebral Hamorrhage

How long

4 days

Immediate

Cerebral Hamorrhage

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

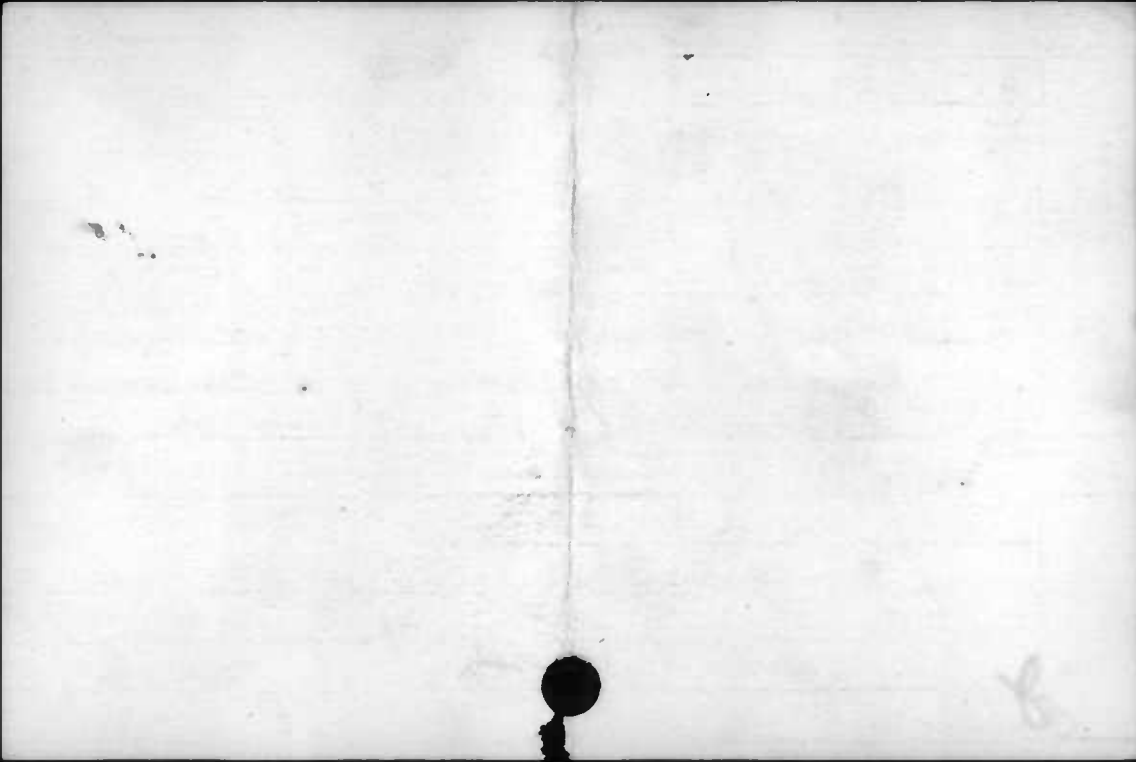
Signature of
Physician

W. E. Gaver

Address

Mt Airy Md

Accident or Suicide?



Name
in
Full

David W Harner

CERTIFICATE OF DEATH

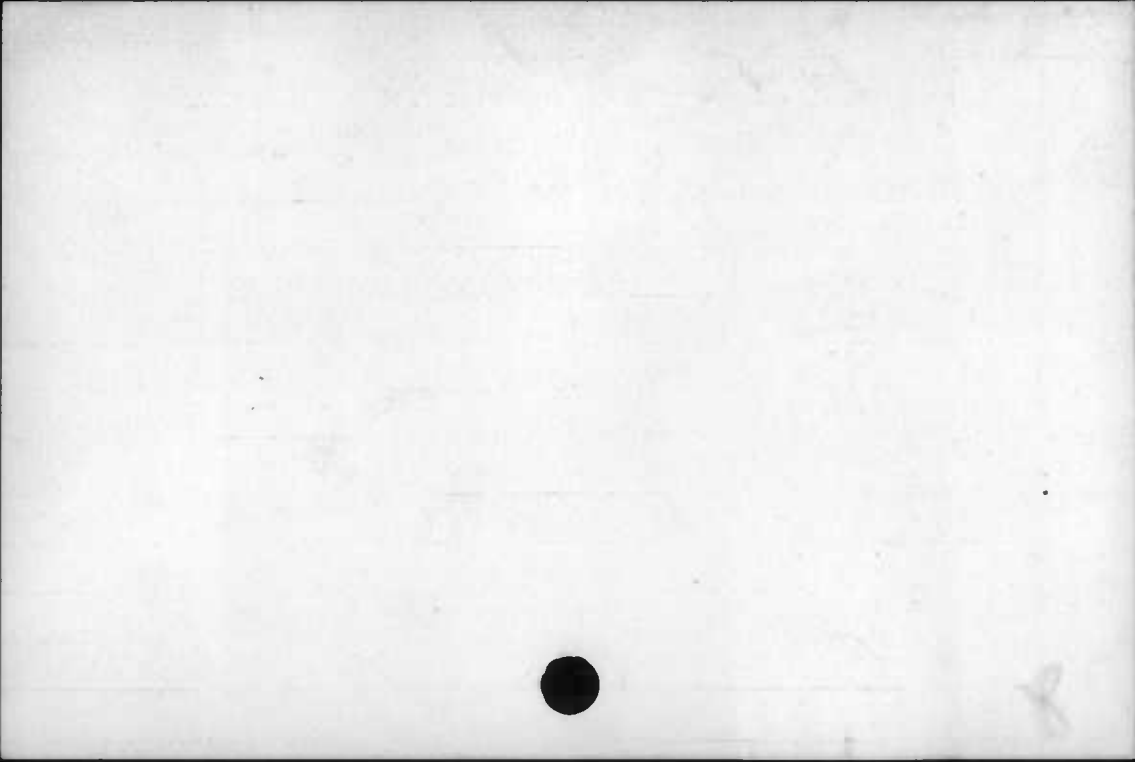
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lancytown</i> ^{Town}		<i>Barroll</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Nov</i>	Day	<i>18</i>
Age	<i>80</i>	Years	<i>4</i>	Months	<i>23</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Barroll to Mod</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		
Married, Single Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Leydia A Harner</i>		
Father's Name	<i>Michael Harner</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Elizabeth Geiselman</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Joseph Harner</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic heart disease</i>	How long	<i>1 Year</i>
Immediate	<i>Heart Failure</i>	How long	<i>1 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>T. H. Davis</i>
<i>Yes.</i>		Address	<i>Lancytown</i>
Accident or Suicide?		<i>med.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Tahoytown* ^{Town} *Barroll* ^{County}Date of death *1908* ^{Month} *Nov* ^{Day} *23* ^{Years} *36* ^{Months} *9* ^{Days} *23*Sex *Female* Color or Race *White* Birth place *Federick Co Md*Occupation *Housewife* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Samuel Harnish*Father's Name *John Herman* Father's Birthplace *Ohio*Mother's Maiden Name *Annie Michaels* Mother's Birthplace *Fede Co Md*Name of person giving information *Samuel Harnish* How related to deceased *Husband*

CAUSES OF DEATH

64

Primary *Cerebral Hemorrhage* How long *Sudden*Immediate *"* *"* *"* How long *"*

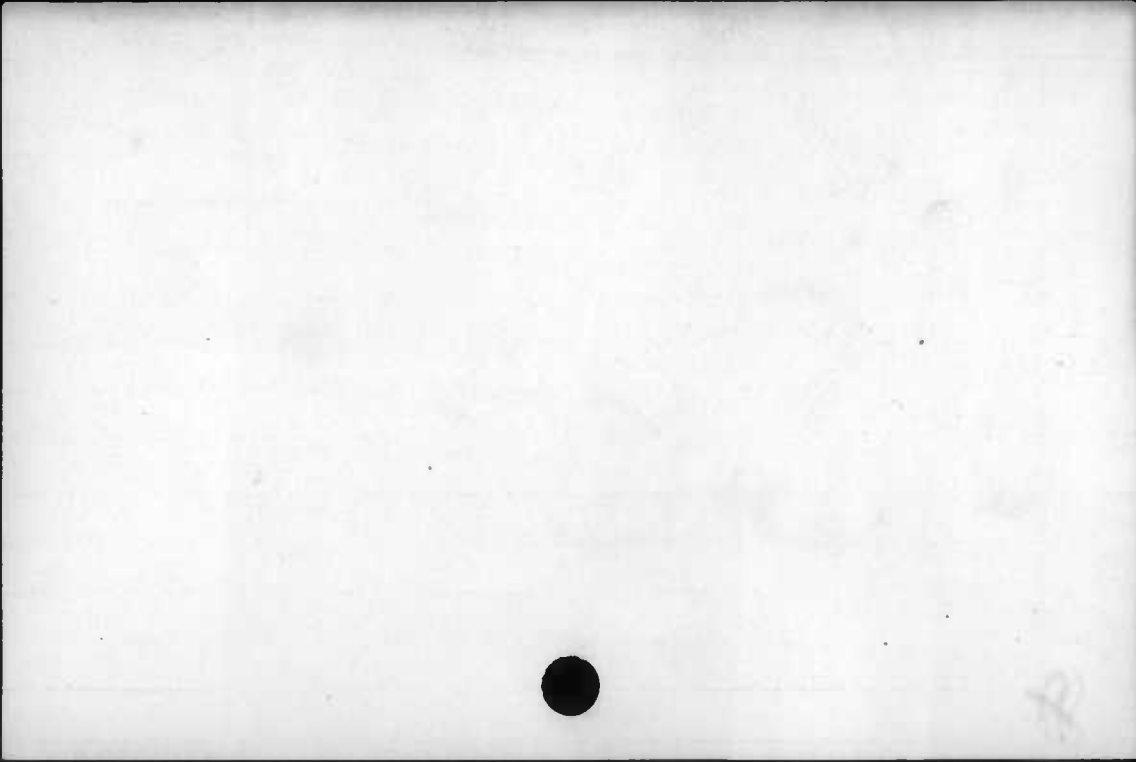
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Charles E. Roof
Tanytown Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

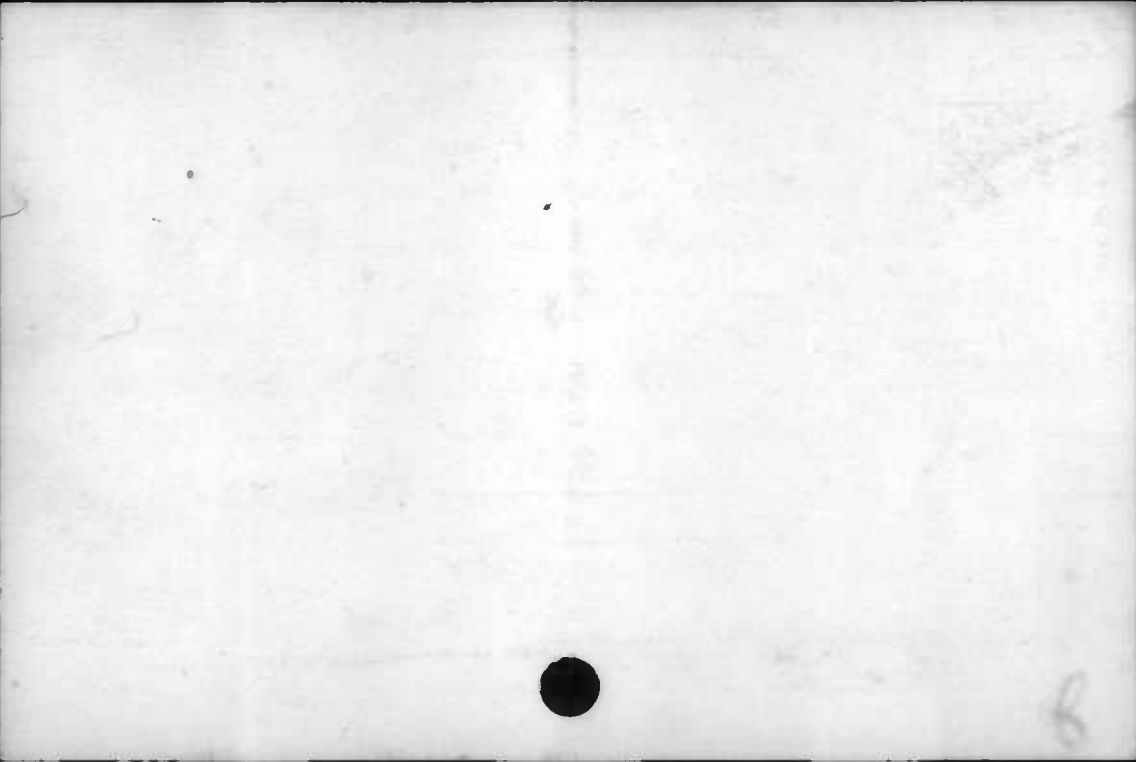
Died at <i>West Falls</i>		County <i>Carroll</i>			
Date of death <i>1908</i>	Month <i>Nov.</i>	Day <i>10</i>	Age <i>58</i>	Months <i>10</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>W. Va.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>West Falls</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie E. Hood</i>				
Father's Name <i>James Hood</i>	Father's Birthplace <i>Fredrick Co.</i>				
Mother's Maiden Name <i>Elizabeth Bercraft</i>	Mother's Birthplace <i>Howard Co.</i>				
Name of person giving information <i>Jessie W. Hood</i>	How related to deceased <i>Second Cousin</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>Five Years</i>
Immediate <i>Chemic Poison</i>	How long <i>Two Weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Saffington & Pearce</i>
	Address <i>Unionville Ind.</i>
Accident or Suicide?	



Name
in
Full

Aminie Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Springfield Hospital - ^{County} Carroll - **MARYLAND**

Date of death 1908 ^{Month} November ^{Day} 12th Age ^{Years} 67 ^{Months} - ^{Days} -

Sex Female Color or Race White Birth-place Ind.

Occupation House keeper Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband unknown.

Father's Name Nathan Conneely Father's Birthplace Ind.

Mother's Maiden Name Mary Ann White Mother's Birthplace Ind.

Name of person giving Information Hospital records How related to deceased none.

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Acute Labor Pneumonia How long 2 3 days.

Immediate Toxemia and Exhaustion. How long ?

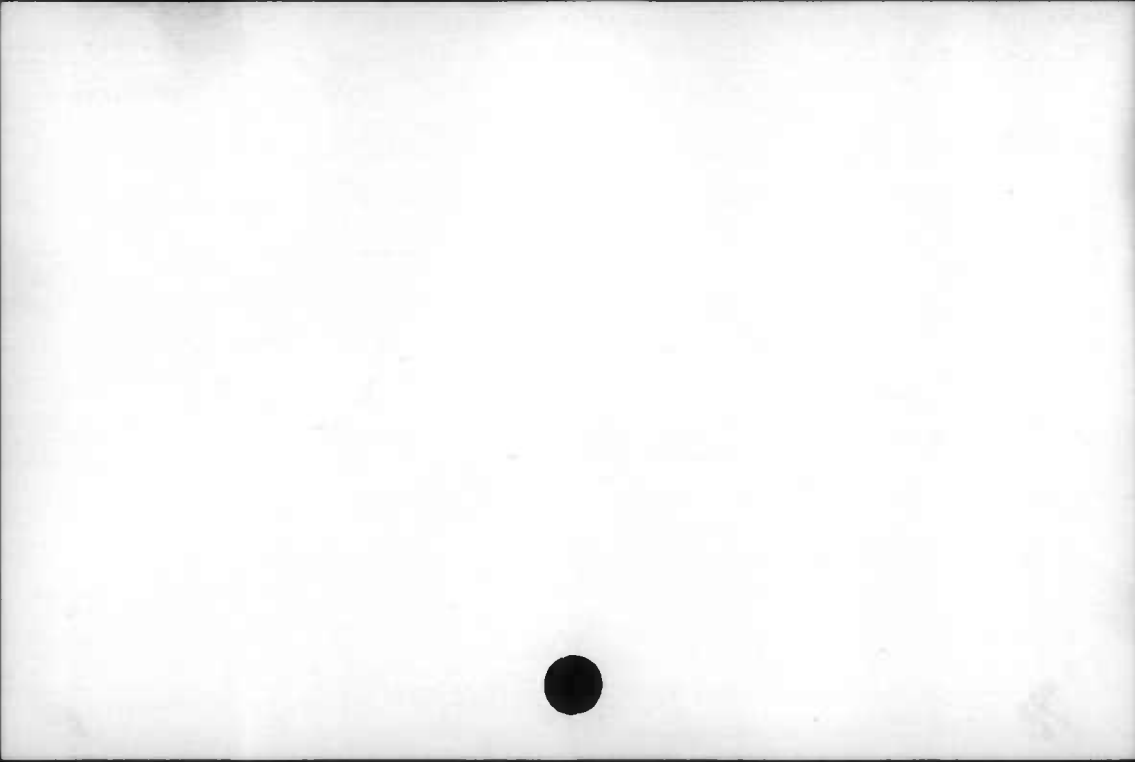
Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician

W. Henry Fisher M.D.
Sykesville
Ind.

Address

Accident or Suicide no



Name
in
Full

Jennie V. Horney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Springfield Hospital* Town *Carroll* County *MARYLAND*

Date of death *1908* Month *November* Day *11th* Age *37* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of ~~Wife~~ or Husband *P. J. Horney*

Father's Name *Wm H. Shriver* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Hospital records* How related to deceased *None*

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary *Organic Dementia* How long *1 year*

Immediate *Cerebral Congestion + Exhaustion* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. Henry Fisher M.D.*

Address *Sykesville*

Accident or Suicide *No.*



Name
in
Full

Bernard S. Kelchner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

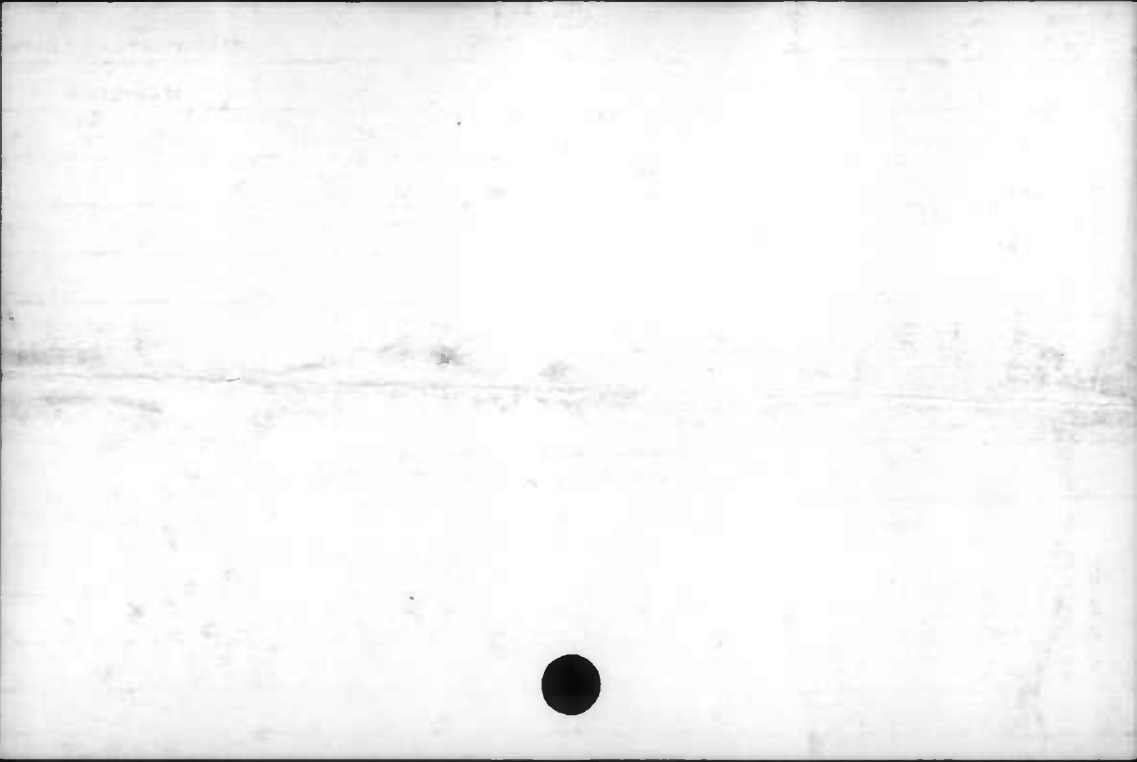
Died at <i>Springfield Hospital</i>		County <i>Carrall</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov.</i>	Day <i>14</i>	Age <i>27</i>	Months	Days
Sex <i>M</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John H. Kelchner</i>	Father's Birthplace <i>Pa.</i>				
Mother's Maiden Name <i>M.E. Gardner</i>	Mother's Birthplace <i>Va.</i>				
Name of person giving Information <i>M. W. Offutt</i>	How related to deceased <i>uncle</i>				

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Organic dementia</i>	How long <i>1 yr.</i>
Immediate <i>General dementia</i>	How long <i>progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. Carey</i>
<i>No</i>	Address <i>Sykesville Md.</i>
Accident or Suicide <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Kirby* Town *Sykesville* County *Carroll* **MARYLAND**

Died at *Sykesville* Month *Mar* Day *26* Years *Unknown* Months Days

Date of death 190*8* Age *Unknown*

Sex *Male* Color or Race *White* Birth-place *Ind.*

Occupation *Shoemaker* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Unknown*

Father's Name *Walter Kirby* Father's Birthplace *Unknown*

Mother's Maiden Name *Fancy Mills* Mother's Birthplace *Unknown*

Name of person giving Information *Hosp. Records* How related to deceased

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

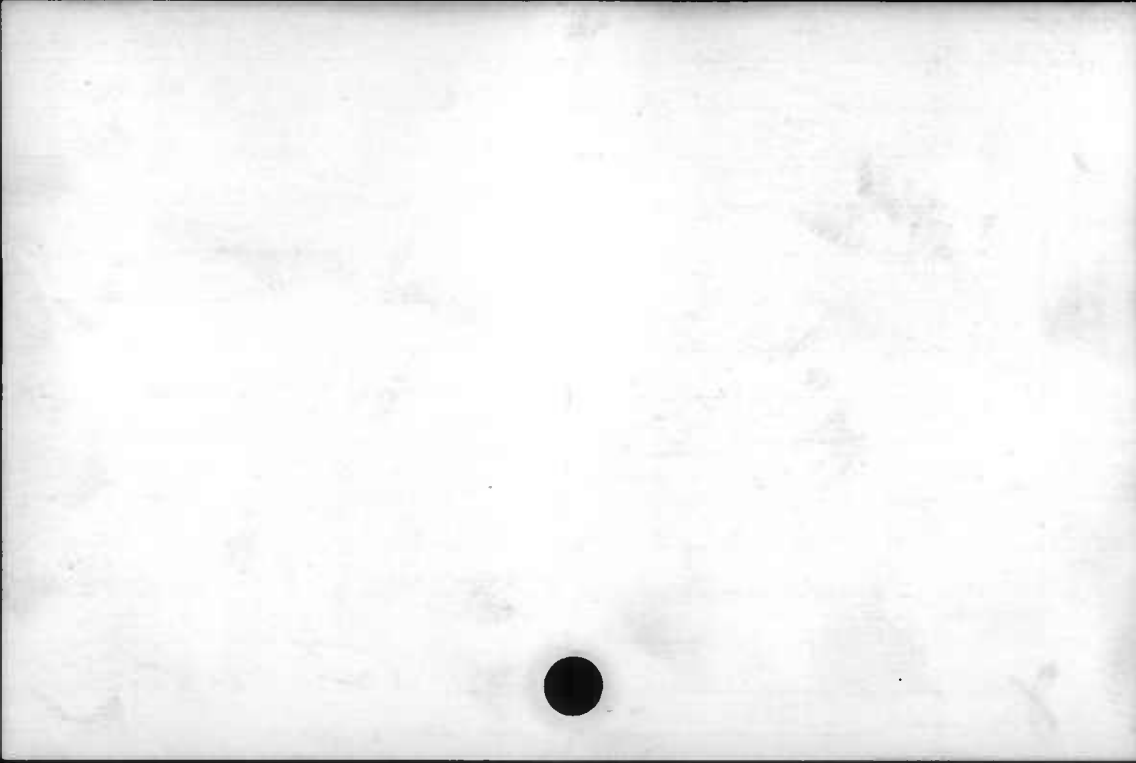
Primary *Senile Dementia* How long *3 yrs.*

Immediate *Exhaustion* How long *Progressive*

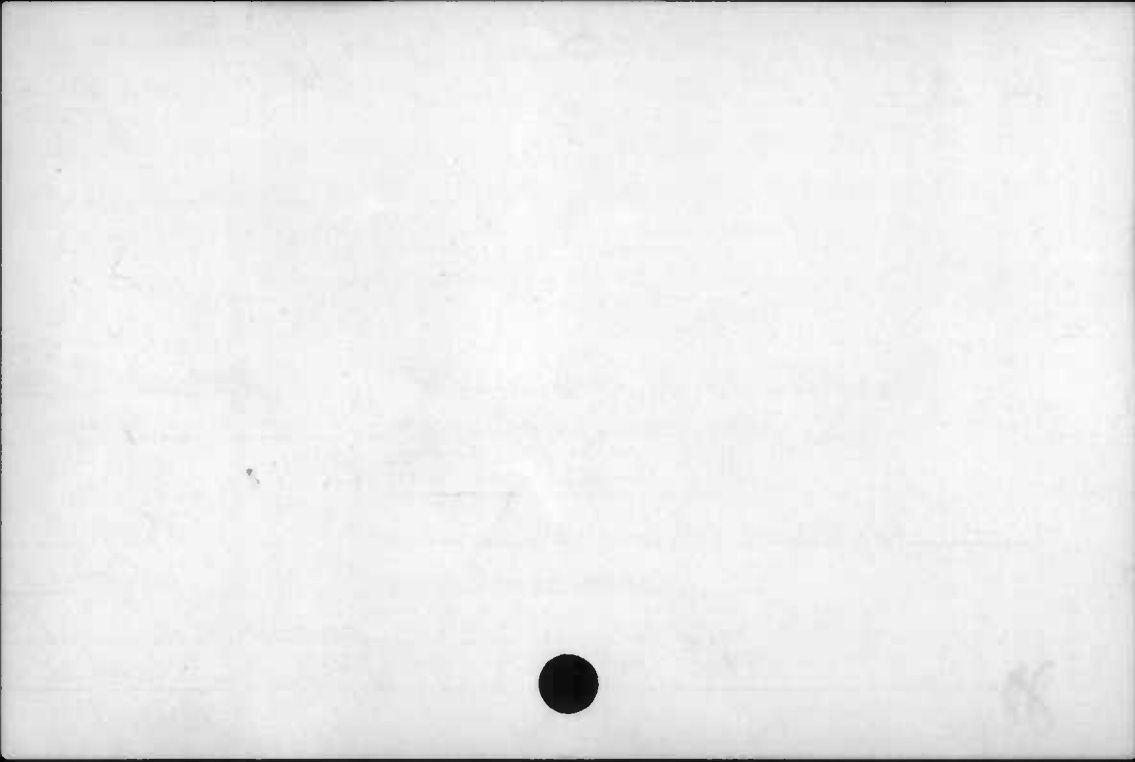
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. C. Belarck*

Address *Sykesville Ind.*

Accident or Suicide



Name in Full		Certificate of Death			
Sarah B. Lambert		Died at <u>Taneytown</u> <small>Town</small>		<u>Carroll</u> <small>County</small>	
		MARYLAND			
Date of death <u>1908</u>		<u>Nov</u> <small>Month</small>	<u>11</u> <small>Day</small>	<u>78</u> <small>Years</small>	<u>9</u> <small>Months</small> <u>23</u> <small>Days</small>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Unknown</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>		Name of Widow Husband <u>Isaiah Lambert</u>			
Father's Name <u>Abraham Apples</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Isaiah Lambert</u>		How related to deceased <u>Husband</u>			
<div style="text-align: center;">CAUSES OF DEATH</div>					
Primary <u>Cerebral Hemorrhage</u>		<u>(64)</u> <u>24 hours</u>			
Immediate <u>Failure of Respiration</u>		<u>2 hours</u>			
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. N. Ellis</u>			
<u>8</u>		Address <u>Taneytown, Md.</u>			
Accident or Suicide? <u>No</u>					



Name in Full Howard Davis Lippy		Town Deep Run		County Garroll		CERTIFICATE OF DEATH	
Died at Deep Run		Month Nov		Day 22		Years 3	
Date of death 1908		Age 22		Months 3		Days 3	
Sex Male		Color or Race White		Birth-place Garroll Co.			
Occupation 		Where Residing if not at place of death 					
Married, Single or Widowed 		Name of Wife or Husband 					
Father's Name George Albert Lippy		Father's Birthplace Garroll Co.					
Mother's Maiden Name Ma. Th. R. March		Mother's Birthplace Garroll Co.					
Name of person giving Information Geo. Albert Lippy		How related to deceased Father					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(150)</div>							
Primary Incomplete closure of foramen ovale		How long 3 mo					
Immediate Infantile convulsions		How long 6 hours					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician G. Lewis Webster, M.D.		Address St. Monig Mills Ind.			
Accident or Suicide 							

Name in Full Howard Davis Lippy		Town Deep Run		County Garroll		CERTIFICATE OF DEATH	
Died at Deep Run		Month Nov		Day 22		Years 3	
Date of death 1908		Age 22		Months 3		Days 3	
Sex Male		Color or Race White		Birth-place Garroll Co.			
Occupation 		Where Residing if not at place of death 					
Married, Single or Widowed 		Name of Wife or Husband 					
Father's Name George Albert Lippy		Father's Birthplace Garroll Co.					
Mother's Maiden Name Ma. Th. R. March		Mother's Birthplace Garroll Co.					
Name of person giving Information Geo. Albert Lippy		How related to deceased Father					
<div>TO BE ANSWERED BY NEAREST FRIEND</div> <div>CAUSES OF DEATH</div> <div>150</div>							
Primary Incomplete closure of foramen ovale		How long 3 mo					
Immediate Infantile convulsions		How long 6 hours					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician G. Lewis Webster, M.D.		Address St. Mung Mills Ind.			
Accident or Suicide 							

Name in Full Howard Davis Lippy		Town Deep Run		County Garroll		CERTIFICATE OF DEATH	
Died at Deep Run		Month Nov		Day 22		Years 3	
Date of death 1908		Age 22		Months 3		Days 3	
Sex Male		Color or Race White		Birth-place Garroll Co.			
Occupation 		Where Residing if not at place of death 					
Married, Single or Widowed 		Name of Wife or Husband 					
Father's Name George Albert Lippy		Father's Birthplace Garroll Co.					
Mother's Maiden Name Ma. Th. R. March		Mother's Birthplace Garroll Co.					
Name of person giving Information Geo. Albert Lippy		How related to deceased Father					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(150)</div>							
Primary Incomplete closure of foramen ovale		How long 3 mo					
Immediate Infantile convulsions		How long 6 hours					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician G. Lewis Webster, M.D.		Address St. Mung Mills Ind.			
Accident or Suicide 							



Name
in
Full

Charles E Lockner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

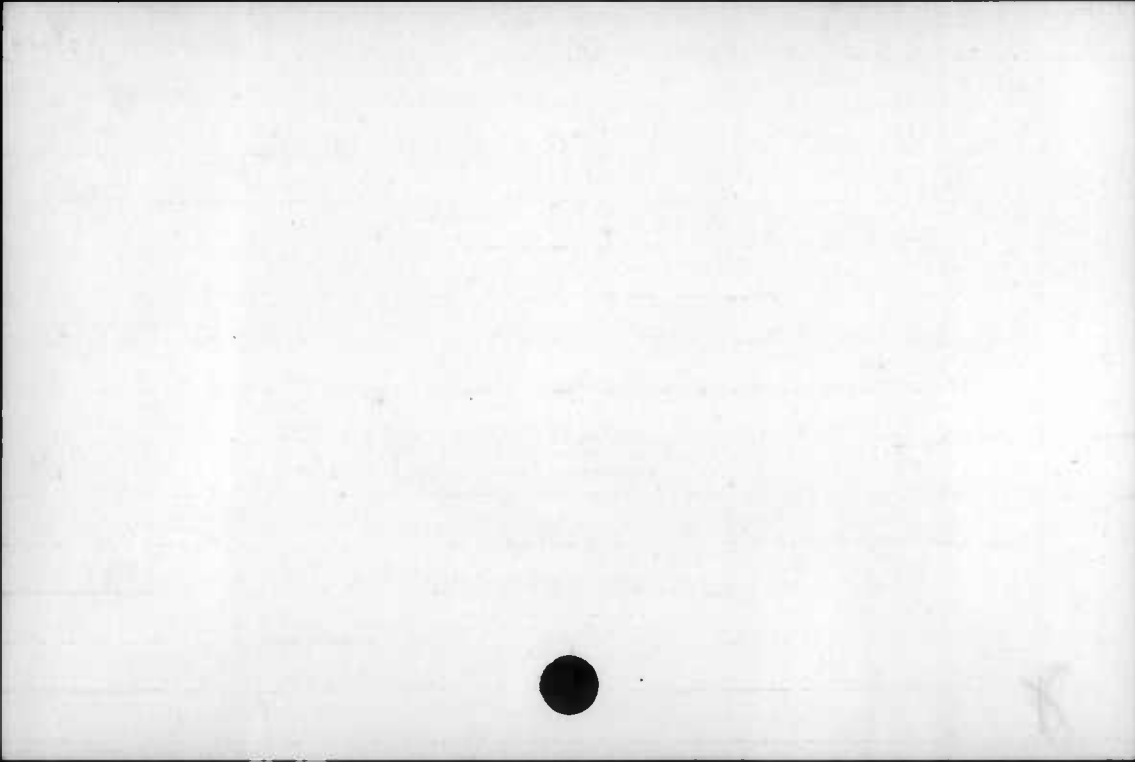
Died at <i>Bethel</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Nov</i>	Day <i>26</i>	Age Years	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co Md</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Harry O Lockner</i>		Father's Birthplace <i>Carroll Co Md</i>			
Mother's Maiden Name <i>Minnie B. Bowers</i>		Mother's Birthplace " " "			
Name of person giving information <i>Harry O Lockner</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>4 days</i>
Immediate <i>Brachopneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Charles M. Berner Md</i>
	Address <i>Yaney Town Md</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

George A Mehring

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Near Kump* Town*Barroll* CountyDate of death *1908* Month *Nov* Day *21*Age *42* YearsMonths *10*Days *2*Sex *Male*Color or
Race*White*Birth-
place*Barroll to Ind*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, ~~Single~~
~~Widowed~~*Married*Name of Wife or
Husband*Vilmarina Mehring*Father's
Name*Agustus Mehring*Father's
Birthplace*Barroll to Mod*Mother's
Maiden Name*Matilda Reissides*Mother's
Birthplace*" " "*Name of person giving
In formation*Vilmarina Mehring*How related
to deceased*Wife*

CAUSES OF DEATH

(64)

Primary

Cerebral Hemorrhage

How long

3 1/2 hours.

Immediate

Failure of Respiration

How long

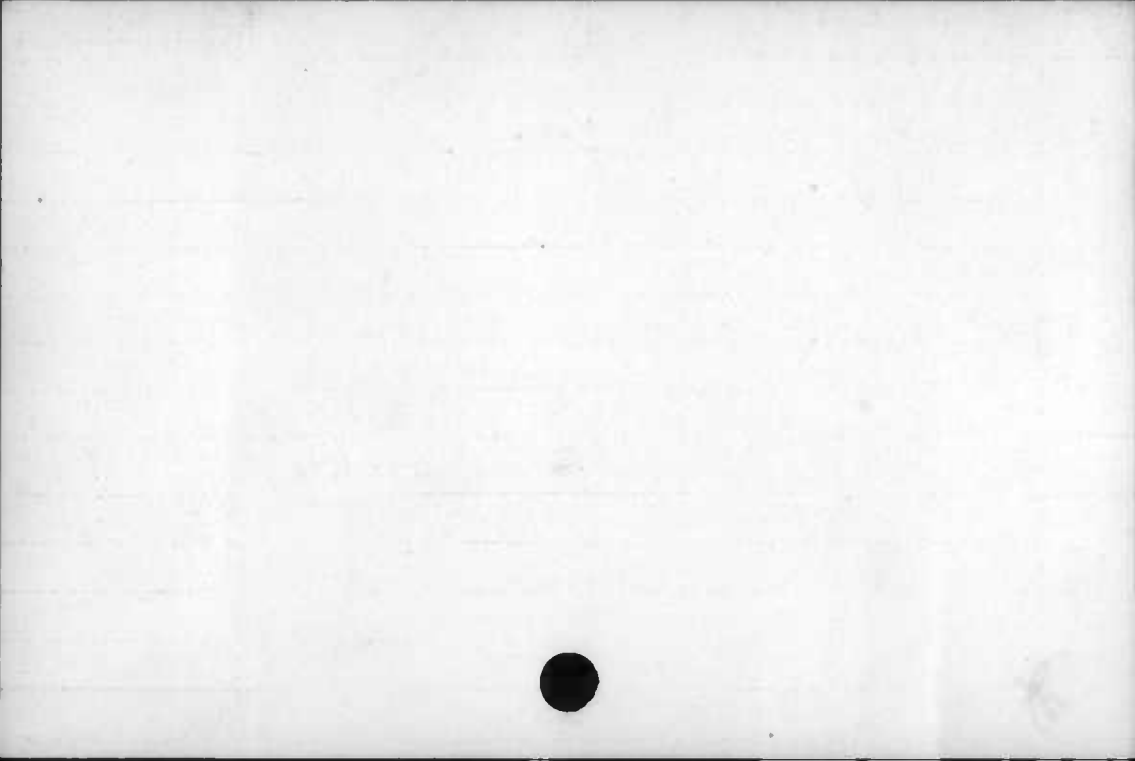
*" "*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*J. H. Davis.
Taweston Md.*

Accident or Suicide?

No.



Name
in
Full

Viola May Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

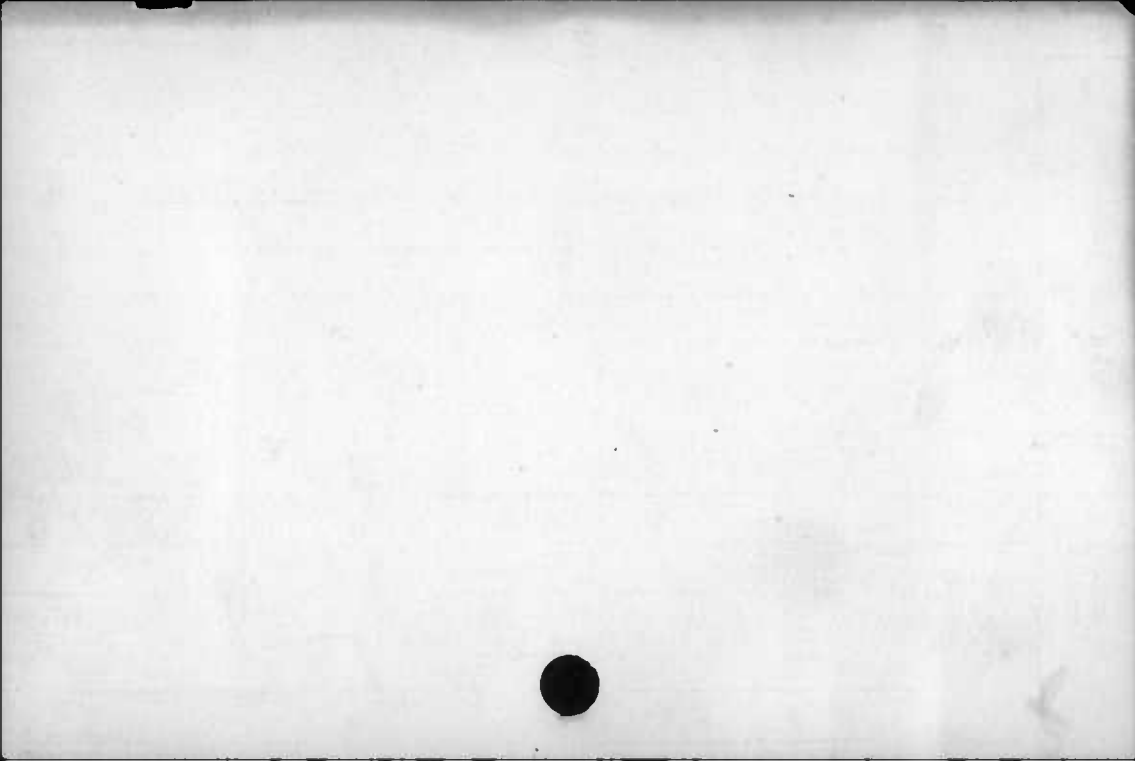
Died at <i>Middleburg</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>7</i>	Age <i>0</i>	Months <i>2</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Middleburg Ind</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>W. H. Myers</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Sallie Hann</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Chas H Bowman</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>2 months</i>
Immediate <i>General asthenia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. H. Legg</i>
	Address <i>Union Bridge, Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

John - L. Newton

Town

County

MARYLAND

Died at

Reisterstown

Carroll

Date

Month

Day

Years

Months

Days

of death

1908 Nov

28

Age

65

Sex

Male

Color or
Race

white

Birth-
place

Howard Co. Md

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Caroline Newton

Father's
Name

William Newton

Father's
Birthplace

Don't Know

Mother's
Maiden Name

Don't Know

Mother's
Birthplace

Don't Know

Name of person giving
In formation

Caroline Newton

How related
to deceased

wife

CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

2 yrs

Immediate

Coma

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

H. M. Miller Jr

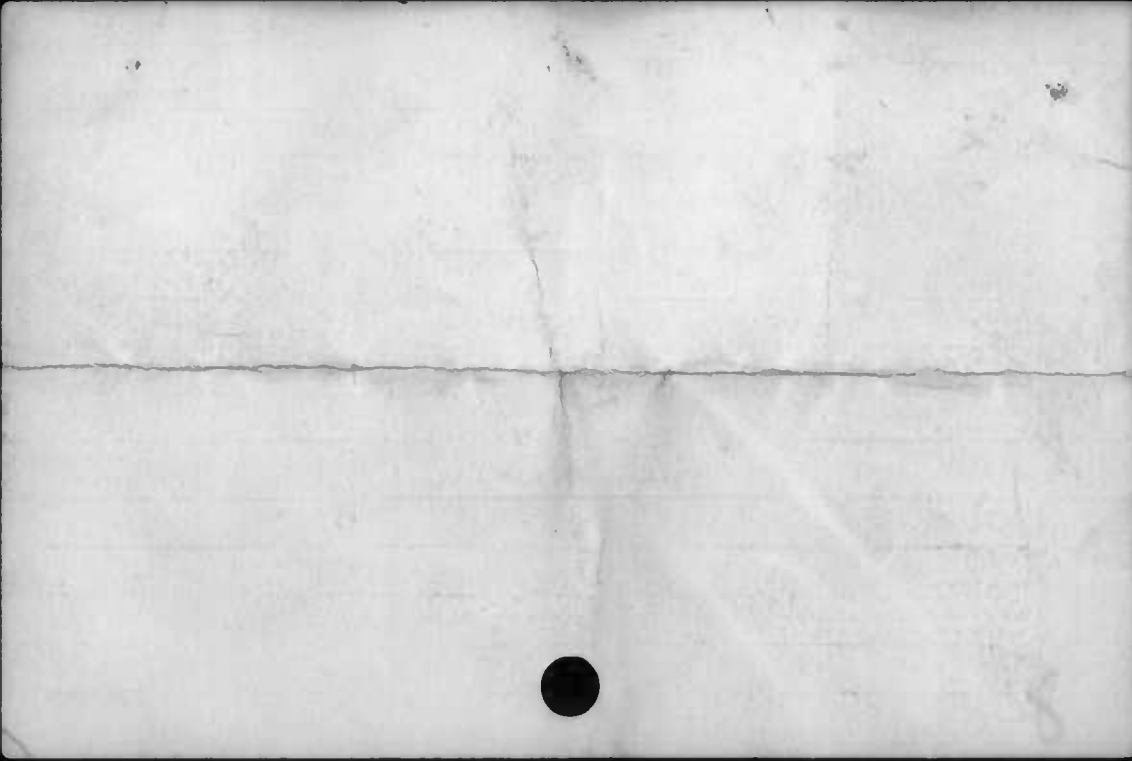
Address

Reisterstown

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Nettie Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>November</i>	Day <i>6th</i>	Age <i>48</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>				
Occupation <i>House wife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of the Husband <i>Wm P. Phillips</i>					
Father's Name <i>James Brewington</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Margaret Mitchell</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving Information <i>Hospital records</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	<i>Involuntional Melancholia</i>	How long	<i>17 months.</i>
Immediate	<i>Exhaustion from Malnutrition</i>	How long	<i>2 months.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>W. Henry Fisher M.D.</i>	
<i>8</i>		Address <i>Sykesville</i>	
Accident or Suicide <i>no.</i>		<i>Ind.</i>	



Name
in
Full

Geo. W. Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

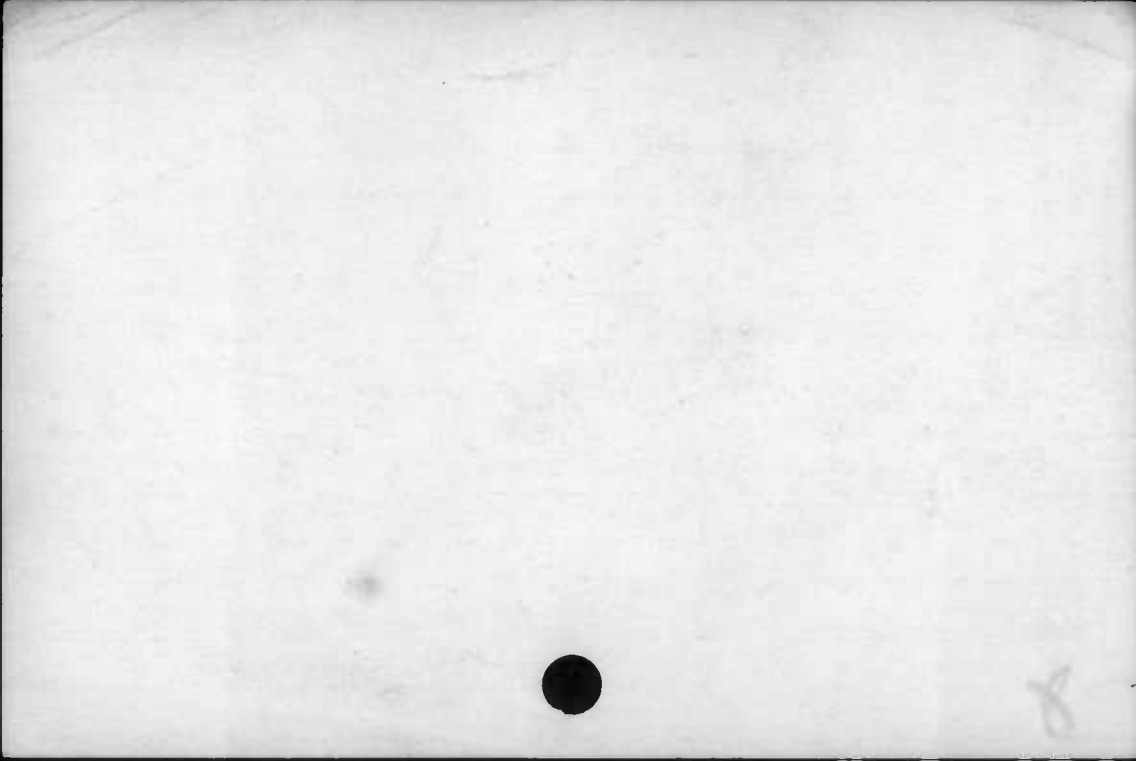
Died at <i>Woodbine</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>11</i>	Day <i>10</i>	Age <i>38</i>	Months <i>4</i>	Days <i>X</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Watersville</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Watersville</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Fannie E. Porter</i>				
Father's Name <i>Benj. Porter</i>	Father's Birthplace <i>Franklinville</i>		Mother's Birthplace <i>Watersville</i>		
Mother's Maiden Name <i>Amelia Gephart</i>	How related to deceased <i>Wife</i>				
Name of person giving information <i>Fannie E. Porter</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Cardiac Asthma</i>	How long <i>3 yrs</i>
Immediate <i>Aortic Obstruction</i>	How long <i>30 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. F. Aubrey</i>
	Address <i>Sylbesville Md</i>
Accident or Suicide?	



Name
in
Full409
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westminster		County Carroll		MARYLAND	
Date of death		1908	Month 11	Day 3	Age 50	Months	Days
Sex Female		Color or Race Colored		Birth- place Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband John Powell			
Father's Name		Elihu Modock		Father's Birthplace		Maryland	
Mother's Maiden Name		Elihu / know		Mother's Birthplace			
Name of person giving In formation		John Powell		How related to deceased		Husband	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	How long	indefinite
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Henry M. Highmyer	
		Address Westminster	
Accident or Suicide?			

New Port cemetery

Stoner

Name
in
Full

Boss Motter Beaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

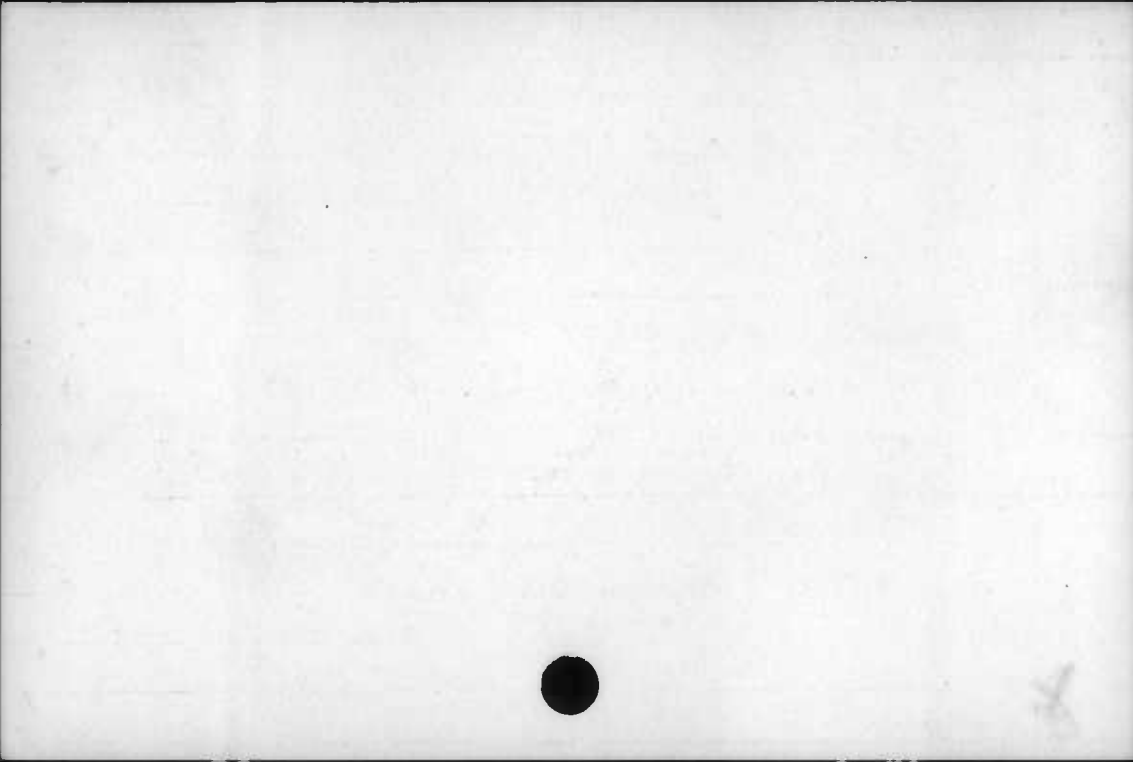
Died at <i>Palmer Mill</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Nov</i>	Day	<i>11</i>	Age	<i>8</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Mo d</i>		Months	<i>9</i>
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Franklin P Beaver</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Ida Hess</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Ida Hess</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>La Grippe</i>	How long	<i>10 weeks.</i>
Immediate	<i>Heart Failure</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Charles D. Ross</i>	
		Address <i>Sanctown Md</i>	
Accident or Suicide?			



Name
in
Full

Basil Rheubothom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Synewille ^{Town} Carroll ^{County} MARYLAND

Date of death 1908 ^{Month} Nov ^{Day} 7 ^{Years} 87 ^{Months} 7 ^{Days} 26

Sex male Color or Race Black Birth-place Carroll Co Md

Occupation Labourer Where Residing if not at place of death —

Married, Single or Widowed widowed Name of Wife or Husband Mariah Rheubothom-deceased

Father's Name Basil Rheubothom Father's Birthplace Balto

Mother's Maiden Name Wm I don't know Mother's Birthplace unknown

Name of person giving information Noah Rheubothom How related to deceased son

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia How long 2 weeks

Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

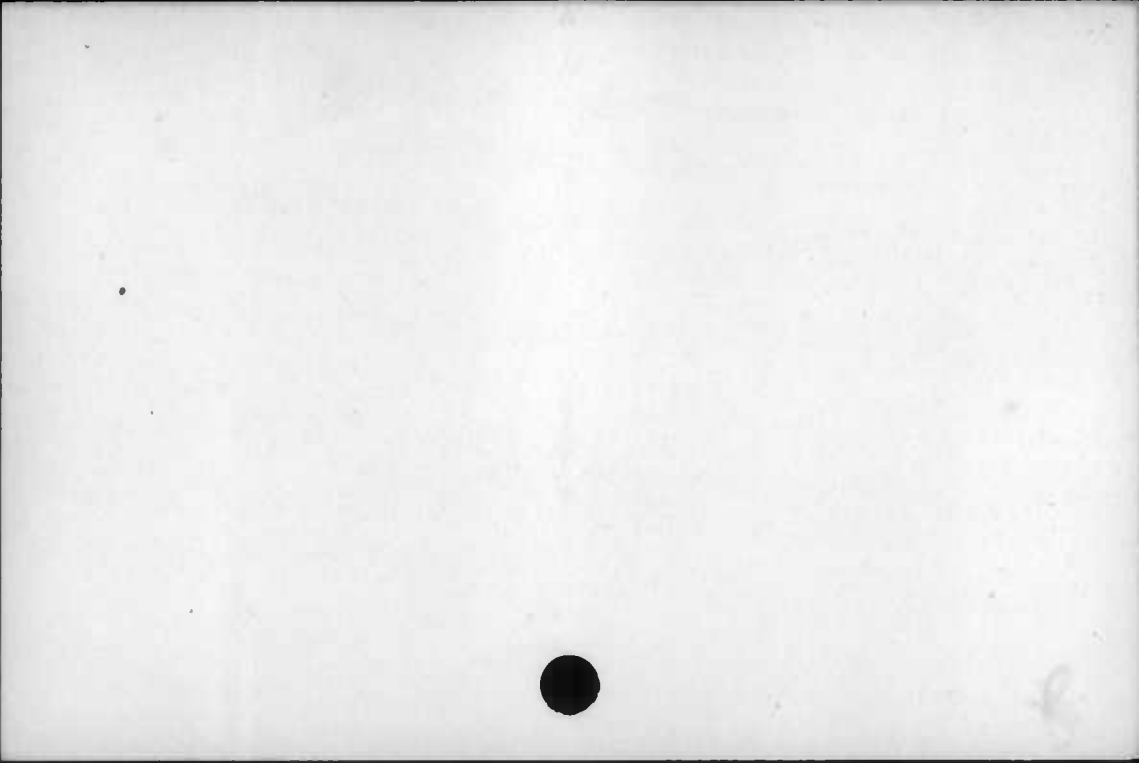
Address

Daniel B. Sprecher

Synewille

Md.

Accident or Suicide? —



Name
in
Full

Amanda M. Rickards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

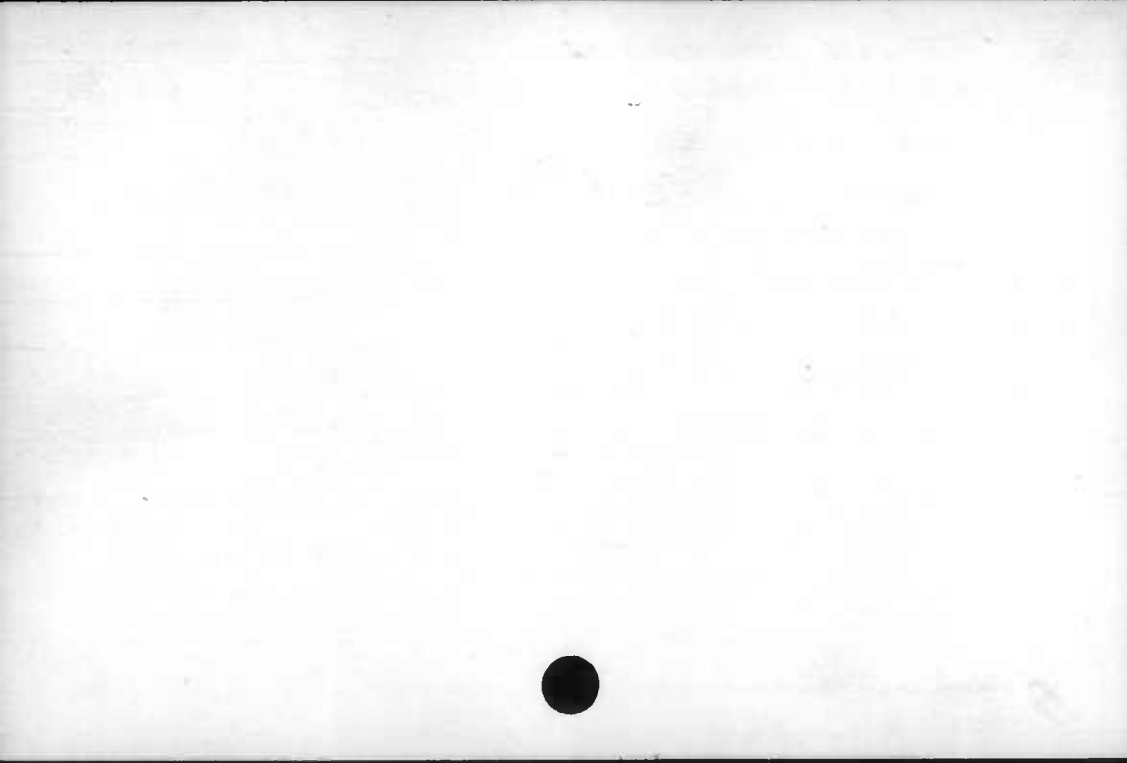
Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>November</i>	Day <i>6th</i>	Age <i>36</i>	Years <i>36</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Stenographer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>James S. Rickards</i>				Father's Birthplace <i>Delaware</i>			
Mother's Maiden Name <i>Sarah A. Todd</i>				Mother's Birthplace <i>England</i>			
Name of person giving Information <i>Hospital records</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

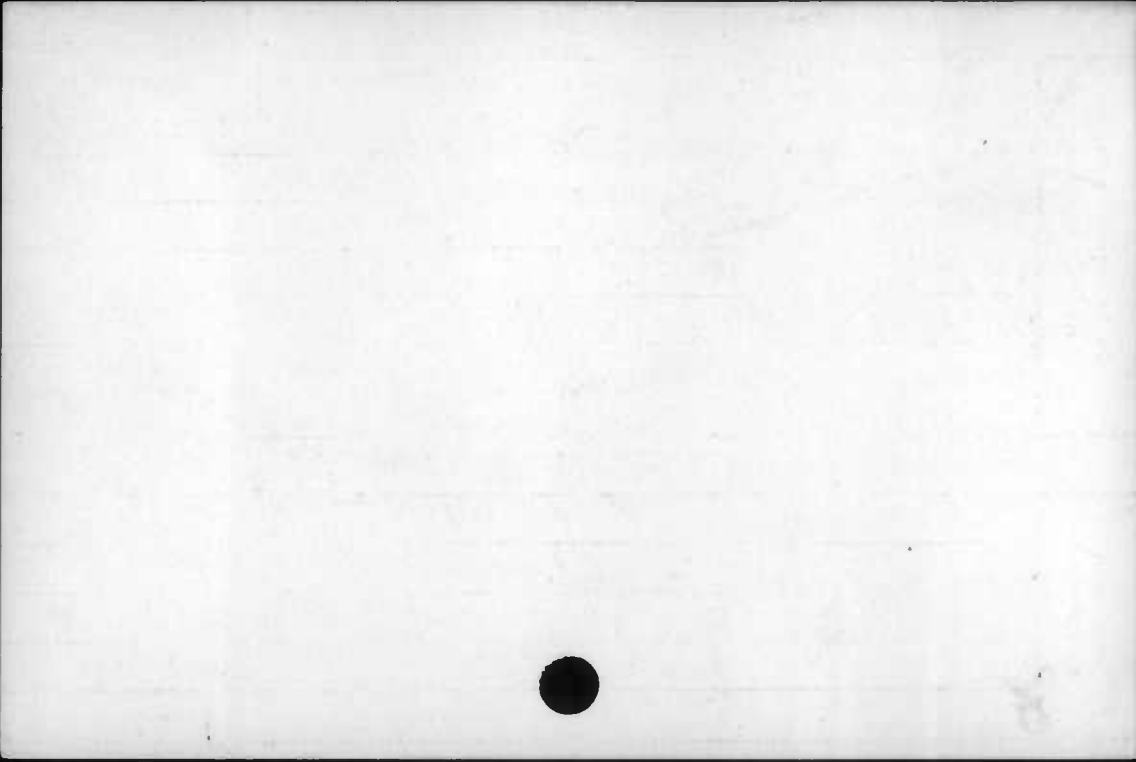
27

PHYSICIAN
OR CORONER

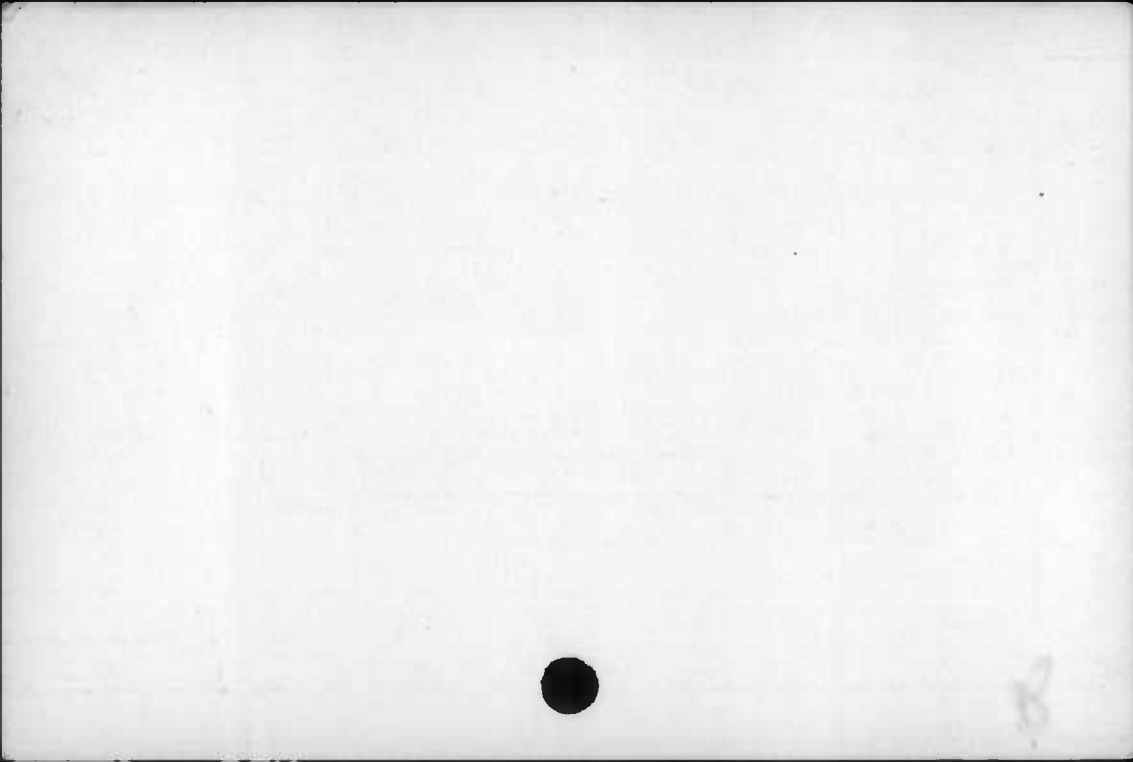
Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>9 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>?</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. Henry Fisher M.D.</i>	
		Address <i>Sykesville Md.</i>	
Accident or Suicide <i>No</i>			



Name in Full		Joshua Binaman				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Taneytown		County		MARYLAND		
	Date of death	1908	Month	Nov	Day	30	Age	76
	Sex	Male		Color or Race	White		Birth-place	Carroll Co Md
	Occupation	Laborer		Where Residing if not at place of death				
	Married, Single or Widowed	Widowed		Name of Wife or Husband	Mabelinda Binaman			
	Father's Name	John Binaman				Father's Birthplace	Unknown	
	Mother's Maiden Name	Elizabeth Baughman				Mother's Birthplace	"	
	Name of person giving information	Bessie Binaman				How related to deceased	Son	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 40px; margin: 0 auto;">79</div>								
PHYSICIAN OR CORONER	Primary	Organic heart disease				How long	18 months	
	Immediate	Heart Failure				How long	1 hour -	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J. H. Davis		
	Accident or Suicide?		no		Address	Taneytown, Md.		



Name in Full		Roberta Shriver				411		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Westminister		County Carroll		MARYLAND			
		Date of death		1908	Month Nov	Day 10	Age 68	Years	Months 3	Days 21	
		Sex		Female		Color or Race		White		Birth-place Maryland	
		Occupation		House Wife		Where Residing if not at place of death					
		Married, Single or Widowed		Married		Name of Wife or Husband		Wm J. Shriver			
		Father's Name		Robert Lyon		Father's Birthplace		Maryland			
		Mother's Maiden Name		Mary C. Lattimer		Mother's Birthplace		Idaho			
Name of person giving information		Wm J. Shriver		How related to deceased		Husband					
		CAUSES OF DEATH				(66)					
PHYSICIAN OR CORONER		Primary		Paralysis		How long		4 days			
		Immediate		Failure Respiration		How long					
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Thos. J. Coonan M.D.			
						Address		Westminister			
		Accident or Suicide?						Mcf.			



Name
in
Full

Raymond Franklin Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

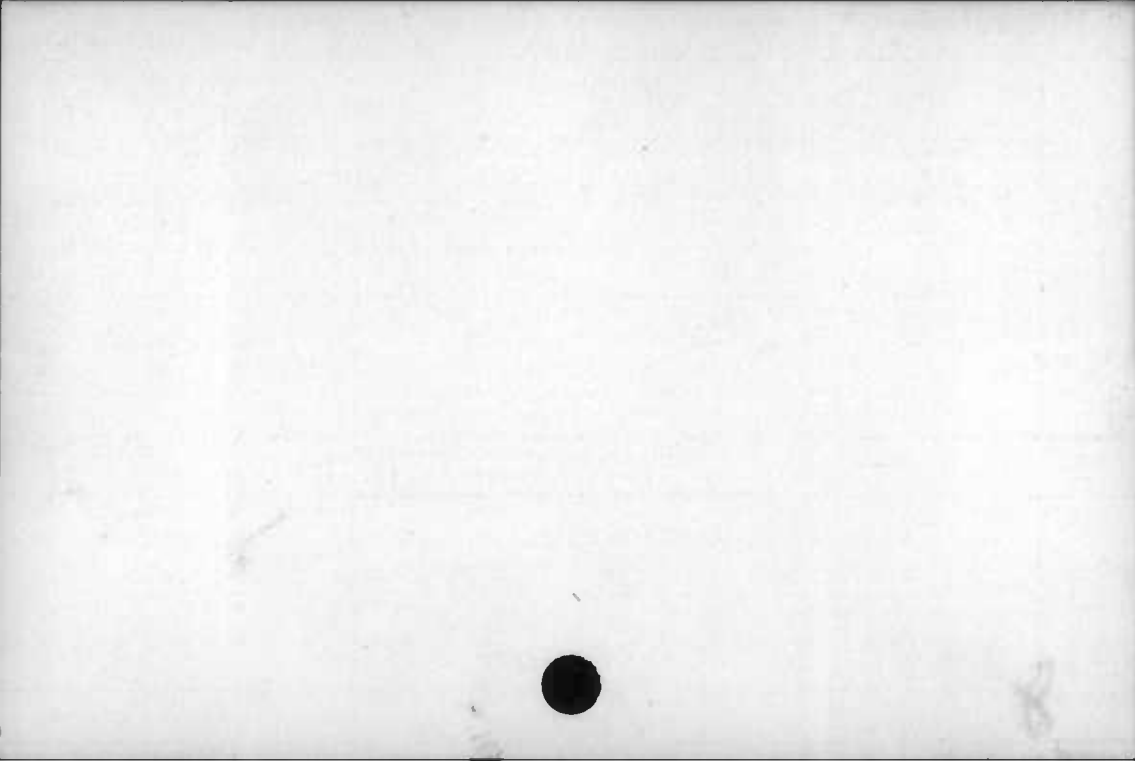
Died at <u>Manchester</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Nov</u>	Day <u>13</u>	Age <u>1</u> Years	Months <u>10</u>	Days <u>3</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Manchester Ind</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Harvey E Smith</u>			Father's Birthplace <u>Carroll Co Ind</u>		
Mother's Maiden Name <u>Sadie S Kneller</u>			Mother's Birthplace <u>Carroll Co Ind</u>		
Name of person giving information <u>Harvey E Smith</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>6 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J H Sherman M.D.</u>
	Address <u>Manchester Ind</u>
Accident or Suicide? <u>8</u>	



Name
in
Full

John Thomas Stocksedale

No. 412
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Gaumber</i>		Town <i>Gaumber</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Nov</i>	Day <i>18</i>	Age <i>81</i>	Years	Months <i>3</i>	Days <i>25</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Maria Stocksedale</i>					
Father's Name <i>Wm. Stocksedale</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Catharine Harries</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Emily A. Stocksedale</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary <i>Intestinal Cancer</i>	How long <i>6 months</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>D. E. Shipley M.D.</i>
	Address <i>Westminster Md.</i>
Accident or Suicide?	

Sharrer

Gamber

Name in Full		John Stutler				417		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Westminster		County		Carroll		MARYLAND			
	Date of death		1908	Month	Nov.	Day	28	Age	60	Years	Months	Days
	Sex		Male		Color or Race		White		Birth-place		Md	
	Occupation				Farmer				Where Residing if not at place of death			
									Middleburg.			
	Married, Single or Widowed		Single		Name of Wife or Husband							
Father's Name		Don't know Unknown				Father's Birthplace		Unknown				
Mother's Maiden Name		Don't know Unknown				Mother's Birthplace		Unknown				
Name of person giving information		Agustine Humbert				How related to deceased		Friend.				
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary		Heart Disease				How long		Several months			
	Immediate		Dropsy & Heart failure				How long		Several days			
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		Chas. R. Douthett, M.D.			
							Address		Westminster, Loud Co., Md.			
	Accident or Suicide?								Md.			

Chas F Graft
Meadow Branch

Name
in
Full

Arthur C. Tipton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

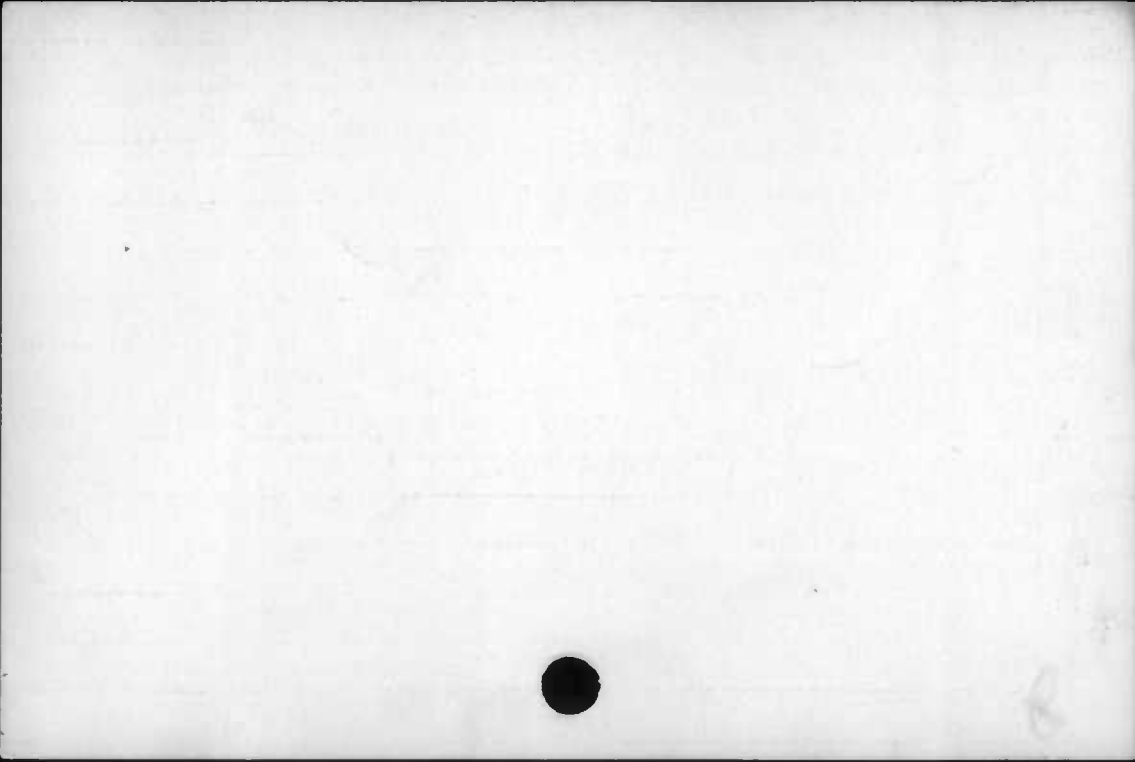
Died at <u>Hampstead</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month} <u>11</u> ^{Day} <u>21</u>		Age <u>23</u> ^{Years}		<u>3</u> ^{Months} <u>20</u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Hampstead</u>	
Occupation <u>Clerk</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wm E. B. Lipton</u>		Father's Birthplace <u>Not Known</u>			
Mother's Maiden Name <u>Laura Bantz</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Wm E. B. Lipton</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis, Rheumatism, Endocarditis</u>		How long <u>4 Months</u>
Immediate <u>Heart Failure</u>		How long <u>1/2 hr</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>R F Richards M.D.</u>
		Address <u>Hampstead</u>
Accident or Suicide? <u>8</u>		



Name
in
Full

Ralph Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

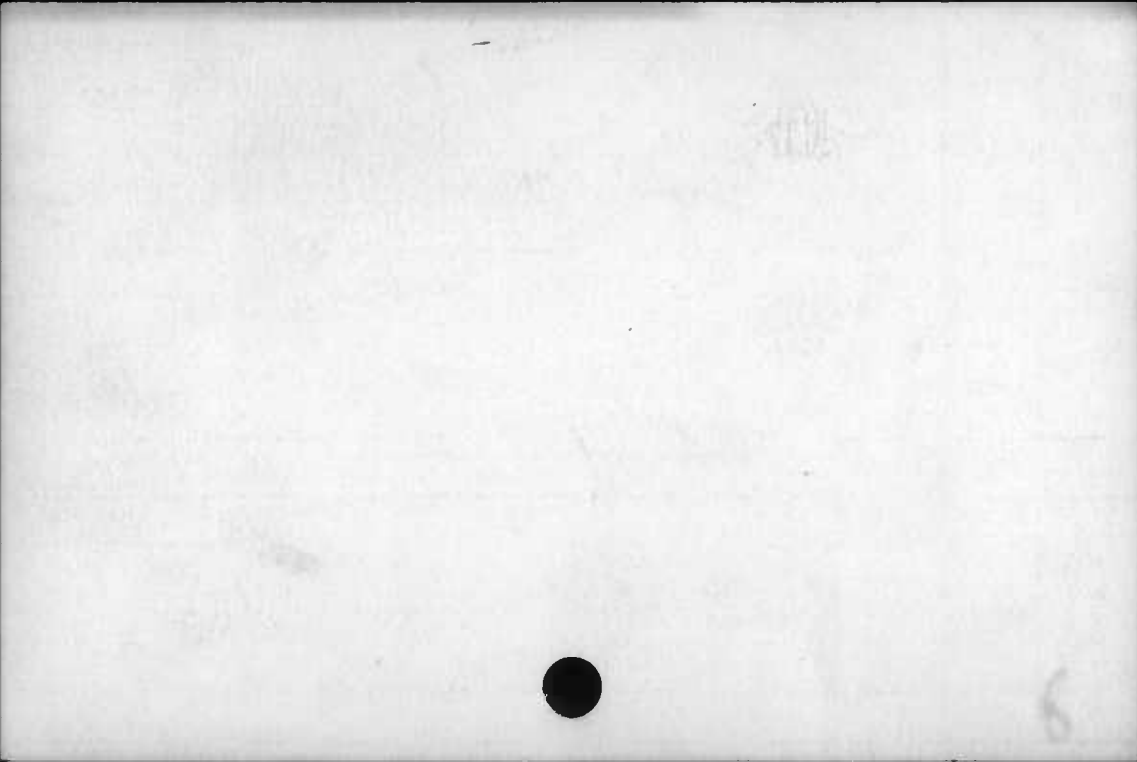
Died at <u>Gambier</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Nov.</u>	Day <u>12</u>	Age <u>—</u>	Months <u>—</u>	Days <u>5</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Ind.</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Lee F. Ward</u>	Father's Birthplace <u>Carroll Co. Md.</u>				
Mother's Maiden Name <u>Elsie Barnes</u>	Mother's Birthplace <u>Carroll Co. Md.</u>				
Name of person giving information <u>Mrs. Jubay Barnes</u>	How related to deceased <u>Grand-mother</u>				

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <u>Cyanosis</u>	How long <u>3 hours</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. M. Slade</u>
	Address <u>Reisterstown Md.</u>
Accident or Suicide?	



Name
in
Full

Daniel Wentz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

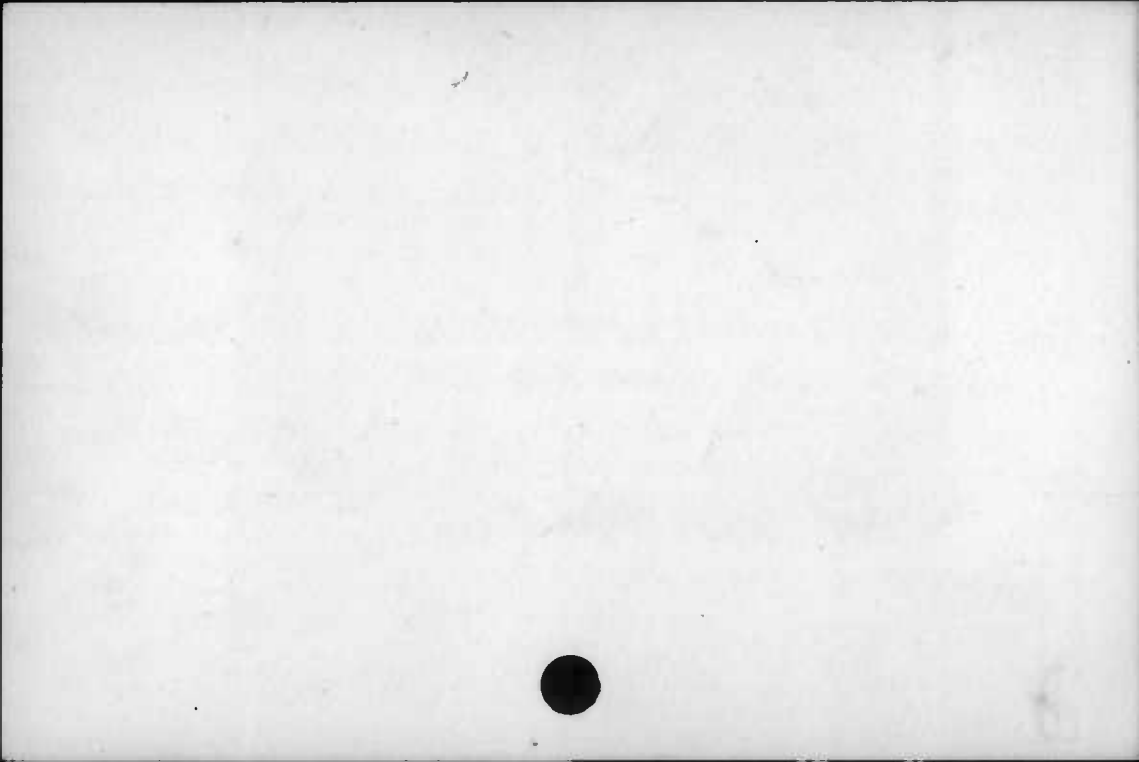
Died at		Town 6 Discts.		County Carroll		MARYLAND	
Date of death		1908	Month 11	Day 6	Age 86	Years 6	Days 23
Sex male		Color or Race white		Birth-place Maryland			
Occupation Miller		Where Residing if not at place of death		Residence			
Married, Single or Widowed		Name of Wife or Husband		Elizabeth Schaeffer			
Father's Name		John Wentz		Father's Birthplace		unknown	
Mother's Maiden Name		Margaret P. Ruhlman		Mother's Birthplace		unknown	
Name of person giving information		Geo P. Wentz		How related to deceased		son	

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Accident brushed in		How long
Immediate	mill machinery		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John S. Ziegler
		Address	Melrose
Accident or Suicide?			

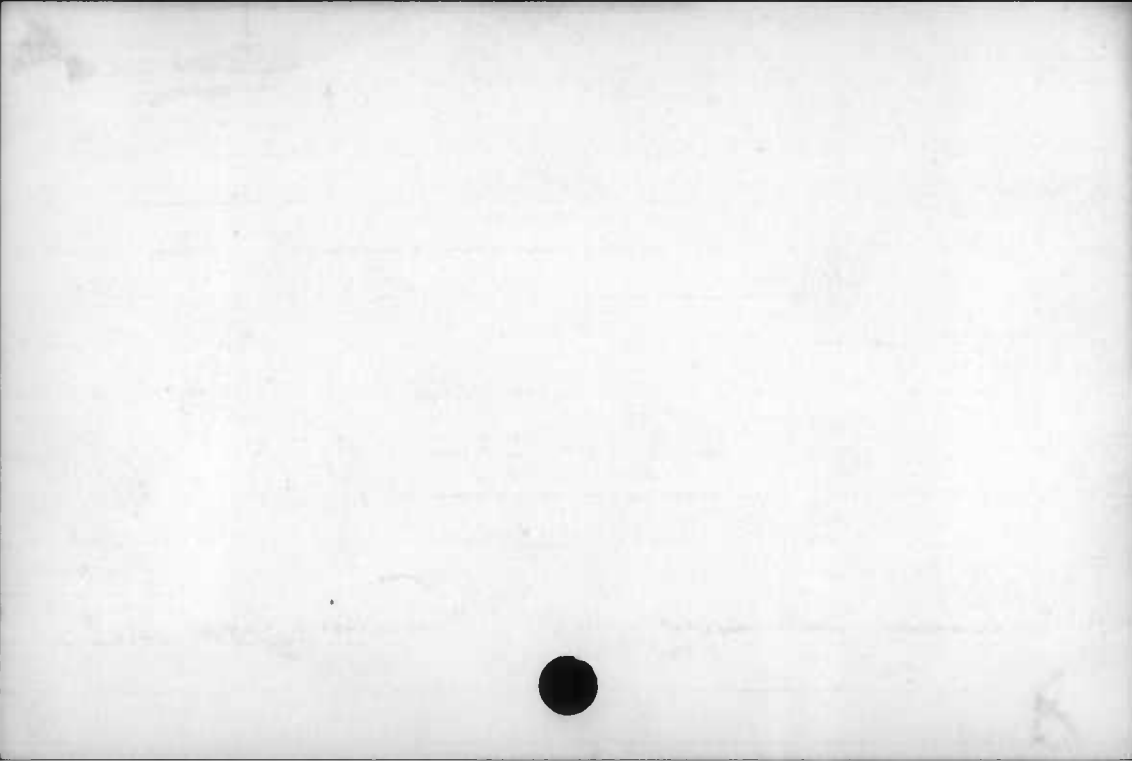


Name in Full Miriam Wanty Yount		CERTIFICATE OF DEATH	
Died at Taneytown <small>Town</small>		Carroll <small>County</small>	
Date of death 1908 <small>Month</small> Nov <small>Day</small> 3		Age 65 <small>Years</small> Months Days	
Sex Female		Color or Race white	
Occupation		Birth-place Taneytown	
Where Residing if not at place of death			
Married, Single or Widowed single		Name of Wife or Husband 7	
Father's Name Charles Edgar Yount		Father's Birthplace Harriensburg Pa	
Mother's Maiden Name Mary Henrietta Reindollar		Mother's Birthplace Taneytown Md	
Name of person giving information Charles Edgar Yount		How related to deceased Father	
CAUSES OF DEATH			
Primary Post-Natal Ataxias		How long 5 days	
Immediate " " " "		How long " "	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Charles C. Hoop	
		Address Taneytown Md.	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

151



Name
in
Full

Margaret Elizabeth Zeph

410

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Eastview* Town *Carroll* County *MARYLAND*

Date of death *1908* Month *Nov* Day *3* Age *—* Years *—* Months *—* Days *8*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Carroll S Zeph* Father's Birthplace *Maryland*

Mother's Maiden Name *Maisy V. Bartholomew* Mother's Birthplace *do*

Name of person giving information *Norward Zeph* How related to deceased *Grand Father*

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary *Convulsion* How long *36 hours*

Immediate *Paralysis of Pharynx* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. J. Booran

Washington

Accident or Suicide?

